| | TE / OFFICEHOLDER N FINANCE REPORT | | FORM C/OH COVER SHEET PG 1 | |
|---|--|--|---|--|
| The C/OH Instruction G | uide explains how to complete this form. | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: ' 30 | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS/MRS/MR FIRST Mr. Grover NICKNAME LAST | SUFFIX | OFFICE USE ONLY Date Received | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | | | TARRAN 2016 JUL -1 ELECTIONS AL | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER | EXTENSION | Date Hand-danvered or Date Postmarked | |
| 6 CAMPAIGN TREASURER NAME | My. John NICKNAME LAST EULIFINKS | SUFFIX | Date Imaged | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE): APT / SL | JITE #: CITY: STATE: | ZIP CODE | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER | EXTENSION | | |
| 9 REPORT TYPE | January 15 30th day before elements and a second se | | 15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR) | |
| 10 PERIOD COVERED | Month Day Year | | Day Year 30 / 12 | |
| 11 ELECTION | ELECTION DATE Month Day Year Primary | ELECTION TYPE Runoff Other Description Special | | |
| 12 OFFICE | OFFICE HELD (if any) County Commissioner Precinct 3 | 13 OFFICE SOUGHT (if known |) | |
| GO TO PAGE 2 | | | | |

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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FORM C/OH COVER SHEET PG 2

| 14 C/OH NAME Mr. Grover G. | "Gary" Fickes | 15 F | iler ID (Ethics Commission Filers) | | | |
|---|---|--|---|--|--|--|
| 16 NOTICE FROM POLITICAL COMMITTEE(S) | 16 NOTICE FROM POLITICAL THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MADE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S | | | | | |
| | COMMITTEE TYPE | COMMITTEE NAME | | | | |
| | GENERAL | | BY ELE | | | |
| | | COMMITTEE ADDRESS | ARRANT ARRANT 16 JUL -6 FRANK P CTIONS AC | | | |
| Additional Pages | | COMMITTEE CAMPAIGN TREASURER NAME | ED COUNTY PHILLIPS MINISTRATOR | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | ATOR 4 | | | |
| 17 CONTRIBUTION TOTALS | | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ | | | |
| | | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 3,700.00 | | | |
| EXPENDITURE TOTALS | 3. TOTAL UNLES | \$ | | | | |
| | 4. TOTAL | POLITICAL EXPENDITURES | \$ 12,125.31 | | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 30,227.2 | | | | | |
| OUTSTANDING LOAN TOTALS | | PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY 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 Notary 9, 2018 Signature of Candidate or Officeholder | | | | | | |
| AFFIX NOTARY STAN | | | • (b | | | |
| Sworn to and subso | | by the said <u>byover</u> 6. Fickes | , this the 4 | | | |
| day of July | 20 <u>12</u> . | to certify which, witness my hand and seal of office. | .). | | | |
| Munal. | Kurn | - Theresa C. Harsons | Nalan | | | |
| Signature of officer a | administering oath | Printed name of officer administering oath | Title of officer administering oath | | | |

Forms provided by Texas Ethics Commission

Revised 9/8/2015

SUBTOTALS - C/OH

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FORM C/OH COVER SHEET PG 3

| 19 | FILERN Mr. 6 | AME Vover 6. "Gary" Fickes | 20 Filer ID (Ethics Co | mmiss | ion Filers) |
|-----|-----------------|---|------------------------|-----------------------|---|
| | SCHEDU | JLE SUBTOTALS F SCHEDULE | | | SUBTOTAL AMOUNT |
| 1. | X | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ | 3,700.00 |
| 2. | | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | |
| 3. | | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | |
| 4. | | SCHEDULE E: LOANS | | \$ | |
| 5. | X | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO | NTRIBUTIONS | \$ | 9,263.07 |
| 6. | | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | |
| 7. | | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL | CONTRIBUTIONS | \$ | |
| 8. | | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | |
| 9. | X | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU | NDS | \$ | 2,902.24 |
| 10. | | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A | BUSINESS OF C/OH | \$ | |
| 11. | | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO | NTRIBUTIONS | \$ | |
| 12. | | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER | IONS | \$ | |
| | | | BY: | ELECTICHS ADVINCTOATO | TARRANT COUNTY 2016 JUL -6 PM 12: 15 |

| MONE | TARY POLITICAL CONTRI | BUTIONS | SCHEDULE A1 |
|--|--|---|--|
| Th | e Instruction Guide explains how to complete this | form. | 1 Total pages Schedule A1: 1 of 2 |
| FILER NAME Mr. Grov | er & "Gary" Ficker | | 3 Filer ID (Ethics Commission Filers) |
| Date 5 Full name of contributor [] out-of-state PAC (ID#:) Date 6 Contributor address; City; State; Zip Code 4605 Mlarbella Circle Fort Worth, Texas 76126 | | 7 Amount of contribution (\$) 500.00 | |
| Principal occ | upation / Job title (See Instructions) | 9 Employer (See Instruct | lions) |
| Date | Full name of contributor 📋 out-of-state PAC | (ID#:) | Amount of contribution (\$) |
| 1/15/12 | Contributor address: City; State 1928 Westminister Drive Carrollton, | Zip Code Texas 15005 | 500.00 |
| Principal occi | upation / Job title (See Instructions) | Employer (See Instruct | ions) |
| Date | Full name of contributor [] out-of-state PAC | (ID#:) | Amount of contribution (\$) |
| 1/15/16 | Contributor address; City; State; 1201 N. Bowser Road Richard sou, Te | Zip Code X195 75081 | 500.00 |
| Principal occ | upation / Job title (See Instructions) | Employer (See Instruct | ions) |
| Date | Full name of contributor N. J. + S. O. Hart | (ID#:) | Amount of contribution (\$) |
| 1/15/12 | Contributor address; 2703 Glayville Blvd Glayville, Tex | Zip Code (A5 76034 | 100.00 |
| Principal occi | upation / Job title (See Instructions) | Employer (See Instruct | |
| | | | RANT COUNTY DL -6 PM 12: 15 ANK PHILLIPS AS ADMINISTRATOR |
| | ATTACH ADDITIONAL COPIES OF | | |

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| MONE | TARY POLITICAL CONTRI | BUTIONS | SCHEDULE A1 |
|---------------------------|--|--------------------------|---|
| The | Instruction Guide explains how to complete this | form. | 1 Total pages Schedule A1: 2 of 2 |
| 2 FILER NAME Mr. GYOVE | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | r 6. "6Ary Fickes 5 Full name of contributor □ out-of-state PAC Metro Tex Association of Resultors PAC 6 Contributor address; City; State | (ID#:) | 7 Amount of contribution (\$) |
| 1 28/16 | 6 Contributor address; City: State 8201 N. Stomman's Frwy Dallins, Tex | Zip Code 745 157247 | 1,000.00 |
| 8 Principal occ | upation / Job title (See Instructions) | 9 Employer (See Instruc | tions) |
| Date | Full name of contributor 🛛 out-of-state PAC | (ID#:) | Amount of contribution (\$) |
| 1/28/16 | Mark Berry Contributor address; City; State 1700 Forest Bend Keller, Exas | ; Zip Code 76248 | 1,000.00 |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instruct | tions) |
| Date | | (ID#:) | Amount of contribution (\$) |
| 2/12/16 | Jim Mukans Contributor address; City; State; 3231 Horwood Rond Bollord, Texas | Zip Code 74021 | 100.00 |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instruc | tions) |
| Date | Full name of contributor 🔲 out-of-state PAC | (ID#:) | Amount of contribution (\$) |
| | Contributor address; City; State | ; Zip Code | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instruct | tions) |
| | | | TARRAMT COUNTY 2016 JUL -6 PH 12: 15 FRANK PHILLIPS CTIONS ADMINISTRATOR |
| | ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see Instr | | |

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| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | |
|---|---|--|---|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Rep Fees Office Ove Food/Severage Expense Poling Ex Gift/Awards/Memorials Expense Printing Er | ayment/Reimbursement irhead/Rental Expense pense xpense Vages/Contract Labor | 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 F1: | 2 FILER NAME Mr. Grover G. "Garry" Fickes | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 1/12/12 | 5 Payee name Justice Debra Lehrmann | | FRAM FRAM FRAM FRAM | |
| 6 Amount (\$) 500.00 | 7 Payee address; City; State; Zip Code P.O.Box 1525 Hustin, Texas 78; | 767 | -6 PM | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions / Down Horns Middle By Office ho ber | (b) Description Check if travel ou Check if Austin Check if Austin | tside of Texas. Complete Schedule T | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held | |
| Date 1/12/14 | Payee name There and Gunly GOP | | | |
| Amount (\$) 1,250.00 | Payee address; City; State; Zip Code 2405 Gravel Rond Fort Worth, Texas | 74118 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Contributions Downtions Made By Officeholder | | side of Texas. Complete Schedule T. TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held | |
| Date 1/20/14 | Payee name The resp Parsons | | | |
| Amount (\$) 72.00 | Payee address; City; State: Zip Code 608 Woodside Drive Hurst, Texis 7 | 2053 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | iside of Texas. Complete Schedule T. , TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | |

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| | EXPENDITURE CATE | GORIES FOR BOX 8(a) | | |
|---|---|---|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment | al Committee Legal Services | Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor ns how 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 F1: 20f12 | 2 FILER NAME Mr. Grover G. "Gary" Ficke | 5 | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 1/20/16 | 5 Payee name TrACi Hutton Composign | I | TA 2011 ELEC BY:- | |
| 6 Amount (\$) 250,00 | 7 Payee address; City; State; Z IIII South Man Street; Suite 127 | Code Grapenine, Texas | SJUL -6 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this : Cartributions / Downtions Mac Officeholder | e By Check if travel ou | rtside of Texas. Complete Softagule T. R. Office holder living a softagule T. R. Office holder l | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held | |
| Date 1/22/14 | Payee name Northenst Leadership Forum |) | | |
| Amount (\$) 500.00 | Payee address; City; State; Z P.O. Drawer 949 Bedford, Te | tip Code KA4 76095 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this of Contributions / Down Hows Made Officeno act | By Check if travel out | tside of Texas. Complete Schedule T. TX, officeholder living expense L. Event | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held | |
| Date 2/2/16 | Payee name Betsy Price Campaign | | | |
| Amount (\$) 250.00 | Payee address; City; State; Z P.O. Box 100042 For Work | ip Code , 6095 72/85 | | |
| PURPOSE OF EXPENDITURE | Category See Categories listed at the top of this s Cautributions / Downtows Made Ottice holder | By Check if travel out | tside of Texas. Complete Schedule T. TX, officeholder living expense Tribution | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | |

Forms provided by Texas Ethics Commission

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SCHEDULE F1

| | EXPENDITURE CAT | FEGORIES FOR BOX 8(a) | | |
|---|--|--|---|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment | al Committee Legal Services | Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor lains how 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 F1: 3 of 12 | 2 FILER NAME My. Grover G. "Gryy" Fickers | ; | 3 Filer IDO (Ethics Commission Filers) | |
| 4 Date 2/4/12 | 5 Payee name Tarina toury Junior Lives | lock Association | | |
| 6 Amount (\$) 300.00 | 7 Payee address; City; State; 6713 Rephase Road Fort U | | ADMINIST | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of the forther the second | Ade By Check if travel of | utside of Texas. Complete Seredule T. | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate / Officeholder name H | Office sought | Office held | |
| Date 2/8/16 | Payee name KONNI BUY ton Campaign | J | <u> </u> | |
| Amount (\$) 250.00 | Payee address; City; State; P.O. BOX 1244 Colleyville | zip Code e, EXAS 76034 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of It Con Fribufians / Down Hans Mad Officeholder | By Check if travel ou | ntside of Texas. Complete Schedule T. 1, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name H | Office sought | Office held | |
| Date 2/19/14 | Payee name PANdH Embroidery | | | |
| Amount (\$) 277.52 | | Zip Code perile Texas 72051 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of the Solicitor for the solic standard for the | | nside of Texas. Complete Schedule T. a, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name H | Office sought | Office held | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | |

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| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | |
|---|--|---|---|---|--------------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment | Fees Office C Food/Beverage Expense Polling Y Gift/Awards/Memorials Expense Printing | epayment/Reimbursement Werhead/Rental Expense Expense Expense Wages/Contract Labor o complete this form. | Transporta Travel In D Travel Out | VFundraising Expense tion Equipment & Related listrict of District er a category not listed abo | |
| 1 Total pages Schedule F1: 4 of 12 | 2 FILER NAME Mr. Grover 6. "Gary" Fickes | | 3 Filer II | | Files) RR |
| 4 Date 2/22/12 | 5 Payeename Stap/CS | | | NK PF | FIL |
| 6 Amount (\$) 112.44 | 7 Pavee address; City; State: Zip Code | Ke, Texas 76092 | l, | PM 12: 1 | COUNT |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) DHice Overhend | | , TX, officeho | Complete Schedule T. Ider living expense | ••••C. |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | | Office held | |
| Date 2/23/12 | Payee name Mark La Chapelle | | <u>+</u> \ = | <i>yµ</i> 37/m _₹ = 8 | |
| Amount (\$) 510.00 | Payee address; City; State; Zip Code P.O. Box 347 Coppell, Texas 7: | 5019 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Solicitation Expense | | TX, officehol | Complete Schedule T. der living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | | Office held | |
| Date 3/10/16 | Payee name Local News Only | | | | |
| Amount (\$) 600.00 | Payee address; City; State; Zip Code P.O. Box 332. Colleyville, TexAs | 76034 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expanse | | TX, officehol | Complete Schedule T. der living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | | Office held | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | |

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| | EXPENDITURE CATEG | ORIES FOR BOX 8(a) | | | |
|---|--|---|---|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment | | Loan Repayment/Reimbursement Office Overhead/Rental Expense Poling Expense Salaries/Wages/Contract Labor how 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 F1: 5 of 12 | 2 FILER NAME Mr. Grover 6. "Grong" Fickes | | 3 Filer ID (Ethics Commission Filers) | | |
| ⁴ Date 3/22/16 | Mark la Chapelle | | | | |
| 6 Amount (\$) 212.50 | P.O. Box 347 City: State: Zir P.O. Box 347 Coppell, Texa | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this sch Solicitation Expense | Check if travel ou | tiside of Texas. Complete Scheduler RRA | | |
| 9 Complete ONLY if direct expenditure to benefit C/Of | Candidate / Officeholder name H | Office sought | | | |
| Date 3/24/16 | Northwest Metroport Chambe | er of Commerce | нтү 2: 17 рагор | | |
| Amount (\$) 295.00 | Payee address; City; State; Zir P.O. Box 74 Roqueke, To | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this sch | Check if travel out | iside of Texas. Complete Schedule T. . TX, officeholder living expense . Dues | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held | | |
| Date 3/24/12 | Payee name Colleyville liens Club | | | | |
| Amount (\$) 91.00 | Payee address; City; State; Zig P.O. Box 732 Colleguille, T | ecode Texas 76034 | | | |
| PURPOSE OF EXPENDITURE | OF Check if Austin, TX, officeholder living expense | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | |

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SCHEDULE F1

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | |
|--|---|---|---|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment | al Committee Legal Services | Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor 15 how 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 F1: | 2 FILER NAME Mr. Grover G. "Gary" Fickes | | 3 Filer ID (Ethics-Compission Filers) | |
| 4 Date 3/25/16 | 5 Payee name Grapevine Chamber of Comm | | -6 | |
| 6 Amount (\$) 290.00 | 7 Payee address; City; State; Z 200 Vine Street Grapevine | ip Code | D DOUNTY PH 12: 1 ILLIPS ILLIPS | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this s Fee S | Check if travel ou | tside of Texas. Complete Schedule T. , TX, officeholder living expense DUC 5 | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate / Officeholder name H | Office sought | Office held | |
| Date 3/30/16 | Payee name TArrant County 60P | | | |
| Amount (\$) 100.00 | Payee address; City; State; Z 2405 Gravel Road Fort Wor | the Lexis 72118 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this s Court i by tions / Dana Hows Mad Office holder | E By Check if travel out | tside of Texas. Complete Schedule T. , TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held | |
| Date 3/30/14 | Payee name TAYYANT GUNLY 60P | | | |
| Amount (\$) 100.00 | Payee address; City; State; Z 1405 Grave Rond For Work | H, Jexns 76118 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this s Contribut Hous / Downshows Mask Officeno der | 2 By Check if travelour | tside of Texas. Complete Schedule T. , TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | |

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| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | |
|--|--|--------------------------------------|------------------------|--|
| Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Expense Transportation Fulpment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel Gut Ot District Contributions/Donations Made By Git/Awards/Memorials Expense Printing Expense Travel Gut Ot District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category norfficed above) Credit Card Payment The Instruction Guide explains how to complete this form. Complete this form. Complete this form. | | | | |
| 1 Total pages Schedule F1: | 2 FILER NAME | | 3 File | ID (Ethics Commission Filers) |
| 7 of 12 | Mr. Grover 6, "Gary" Fickes | | 0 1 110 | |
| 4 Date / / | 5 Payee name | | | P CT |
| 3/31/16 | Grapevine Kotary | | | |
| 6 Amount (\$) | 7 Payee address; City; State | e; Zip Code | | 2:17 2:17 |
| 247.00 | 308 S. Main Emperina | , Texas 76099 | | 17 17 |
| 8 | (a) Category (See Categories listed at the top of | f this schedule) (b) Descriptio | n | |
| PURPOSE | 1 | Check if | travel outside of Texa | as. Complete Schedule T. |
| OF EXPENDITURE | Fees | Check i | f Austin, TX, office | sholder living expense |
| | | Members | hip Dues | • |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate / Officeholder name | Office soug | ht | Office held |
| Date 4/13/14 | Payee name TexANS for life Confitia | N | | |
| Amount (\$) 100.00 | Payee address; City; State 9616 Forest Band Orive H | ; Zip Gode Villington, TEXAS 7201 | 7 | |
| PURPOSE OF | Category (See Categories listed at the top of | lade By Checkitt | ravel outside of Texa | s. Complete Schedule T. holder living expense |
| EXPENDITURE | Ot ticeholder | Dourt | | 9 |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office soug | ht | Office held |
| Date | Payee name | | | |
| 4/15/12 | Richard Ward Gampaign | , | | |
| Amount (\$) | Payee address; City; State 699 Springhill Drive Hu | ; Zip Code | | |
| 500.00 | 299 Springhill Urive Hu | rst, Texas 76054 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of Carribultions / Down Hous / D Office hold cr | Inde By | ravel outside of Texa | s. Complete Schedule T. holder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office soug | Jht | Office held |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | |

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SCHEDULE F1

| | EXPENDITURE CATE | GORIES FOR BOX 8(a) | |
|---|---|---|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment | Event Expense Fees Food/Beverage Expense Gift/Awards/Mernorials Expense | Loan Repayment/Reimbursement Solicita Office Overhead/Rental Expense Travel Polling Expense Travel Salarles/Wages/Contract Labor Other (| tion/Fundraising Expense ortetion Edulpment appliated Expense District Out Of District enter a category not listed above Control of the state of the state of the state of the state of the state of the state of the state of the state of the state of the |
| 1 Total pages Schedule F1: 8 of 12 | ² FILER NAME Mr. trover G. "GANY" Ficke | S File | r ID (Ethics Commission Ellers) |
| 4 Date 4/19/12 | 5 Payee name Republican Women of North | | DUNI PM 12: |
| 6 Amount (\$) 15.00 | 7 Payee address; City; State; Z P.O. Box 92102 Southloke, T | | RATOR |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this s Fee S | schedule) (b) Description Check if travel outside of Tex Check if Austin, TX, offic Associate Dues | |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held |
| Date 4/22/16 | Payee name Mid Cities Pacesetters Rota | ny Clurk | |
| Amount (\$) 100,00 | | ip Code XAS 76095 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this to Court is Hows / Down Hows Mind Officenolder | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held |
| Date 5/3/14 | Brapevine Rotary | | |
| Amount (\$) 108.00 | Payee address; City; State; Z 308 S. Minua Grapevias, C | ip Code XAS 76099 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this s | Check if travel outside of Texa Check if travel outside of Texa Check if Austin, TX, office Membership Ducs | |
| 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 Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic: Credit Card Payment | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense | 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) | | | |
| 1 Total pages Schedule F1: 9 of 12 | 2 FILER NAME My. Grover G. "Gary" Fickes | | 3 Filer ID (Ethics Commission Filers) | | | |
| 4 Date 5/5/12 | 5 Payee name Kay Granger Gampaign | | TARR 015 JU Lection | | | |
| 6 Amount (\$) 250.00 | 7 Payee address; City; State; Zip 3100 W. 7 th Street, Apt 811 For | o Code rt Worth, Texas 7210 | 7 ANT CO | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this sch Cautr: but pus / Down Hows Made Officenolders | R, Check if travel ou | itside of Texas. complete Schedule T. N. 4 h, TX, officeholder living Bipense T | | | |
| 9 Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name H | Office sought | Office held | | | |
| Date 5/17/16 | Payee name HEB Chamber of Commerce | | | | | |
| Amount (\$) 250.00 | Payee address; City; State; Zip P.O. Box 929 Bed God, Te | Code XAS 76095 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this sch Courributings Dewarians Made D Office holder | By Check if travel out | tside of Texas. Complete Schedule T. , TX, officeholder living expense | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate / Officeholder name H | Office sought | Office held | | | |
| Date 5/17/14 | Payee name Dec Accorson Composign | | | | | |
| Amount (\$) 250.00 | Payee address; City; State; Zip P.O. Box 1892 Fort Worth, | Code Texas 76101 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this set Carty: buryous / Doughtions I Mac E Officehold er | By Check if travel out | tside of Texas. Complete Schedule T. , TX, officeholder living expense | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate / Officeholder name | Office sought | Office held | | | |
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| SCHEDULE | F٦ |
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| | EXPENDITURE CATEGO | BIES FOR BOX 8(a) | |
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| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic: Credit Card Payment | Event Expense L Fees C Food/Beverage Expense P Gift/Awards/Memorials Expense P al Committee Legal Services S | Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense | |
| 1 Total pages Schedule F1: 10 of 12 | 2 FILER NAME Mr. Grover G. "Gary" Ficks | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 5/19/16 | 5 Payee name Grapevine Rotary | | |
| 6 Amount (\$) 92.00 | 7 Payee address; City; State; Zip (308 S.MAIN Groupevine, Tex | ^{Code} HS 74099 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this sche | Check if travel of | utside of Texas. Complete Schedule T. n, TX, officeholder living expense Dues |
| 9 Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name H | Office sought | Office held |
| Date 5/24/16 | Payee name Konni Burton Campalign | | |
| Amount (\$) 250.00 | Payee address; City; State; Zip (P.O.Box 1246 Colleguille,) | Code Jexins 76034 | |
| PURPOSE OF EXPENDITURE | Category See Categories listed at the top of this sche Contributions / Downskins Made I Office holder | By Check if travelou | tside of Texas. Complete Schedule T. , TX, officeholder living expense X + ribution |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate / Officeholder name | Office sought | Office held |
| Date 5/24/16 | J.D. Johnson Amprilan | | |
| Amount (\$) 200.00 | Payee address; City; State; Zip (P.O. Box 136021 Fort Work, | code Jexas 72132 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this sche Contributions / Downwans Made E Officeholder | Check if travel ou | tside of Texas. Complete Schedule T. , TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate / Officeholder name | Office sought | Office held |
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SCHEDULE F1

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
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| Accounting/Banking Fees Office Overhead/Rental Expense Transpo Consulting Expense Food/Beverage Expense Polling Expense Travel IC Contributions/Donations Made By Gitt/Awards/Memorials Expense Printing Expense Travel IC Candidate//Officeholder/Political Committee Legal Services Salarles/Wages/Contract Labor Other (expense) | | | | | | on/Fundraising Expense tation Equipment & Related Expense District ut Of District ger a category not listed above) | | |
| 1 Total pages Schedule F1: | 2 FILER NAME | · · · · · · · · · · · · · · · · · · · | | | 3 Filer | ID (Ethics Co | minission | Ellers) |
| 11 06 12 | | 6. "Gary" Fickes | | | | | | |
| 4 Date 6/1/16 | 5 Payee name South WKC | Chamber of Comm | erce | | | | ъ Р | |
| 6 Amount (\$) 150.00 | 7 Payee addres 1501 Corpor | s; City; State; ofe Circle South, | zip Code uke, Tex | A5 16 092 | | IPS ISTRATOR | H 12: 17 |) VIND |
| 8 | (a) Category (See | Categories listed at the top of this | schedule) | (b) Description | | | | |
| PURPOSE | | | | Check if travel or | utside of Texas | s. Complete Schedu | ile T. | |
| OF | Fees | | | Check if Austin | n, TX, officet | holder living expe | nse | |
| EXPENDITURE | | | | Members hip | Dues | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | Officeholder name | | Office sought | | Offi | ce held | |
| Date 6/3/16 | Payee name | le Lions Club | | | | | | |
| Amount (\$) 1 <i>00.00</i> | Payee addres P.O. Box 33 | | Zip Code Texas 7 | K034 | | | | |
| PURPOSE OF EXPENDITURE | 1 1 1 1 | Categories listed at the top of this 15 / Down Hims Mad 27 | · - · | | , TX, officeh | . Complete Schedul older living expen | | |
| Complete ONLY if direct expenditure to benefit C/OF | | Officeholder name | | Office sought | | Offic | ce held | |
| Date | Payee name | | | an a tanàna ara amin'ny tanàna amin'ny tanàna mandritry na tanàna minina dia mandritry na tanàna dia mandritry Ny INSEE dia mampina dia mandritry na tanàna minina dia mandritry na tanàna dia mandritry na tanàna dia mandritry | | | | |
| 6/14/14 | Theresa | Parsons | | | | | | |
| Amount (\$) | Payee addres | s; City; State; | Zip Code | | | | | |
| 192.37 | 608 Woods | ide Drive Iturst | Texos | 76053 | | | | |
| | Category (See | Categories listed at the top of this | schedule) | Description | | · | | |
| PURPOSE | Office On | hand | | Check if travel ou | tside of Texas | . Complete Schedul | e T. | |
| OF | Uttice We | er nogo | | Check if Austin | , TX, officeh | older living expen | se | |
| EXPENDITURE | | | | Picture Fran | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Officeholder name | | Office sought | | Offi | ce held | |
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| 2 ^{1.} | EXPENDITURE CATEGORIES | FOR BOX 8(a) | | |
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| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Fees Office Ov Food/Beverage Expense Polling E y Gift/Awards/Memorials Expense Printing E | Expense Wages/Contract Labor | Transport Travel Igg Travel Og | vFundraising Expense ation Equipment & Exilated Expense District to District er a category not listed abovat |
| 1 Total pages Schedule F1: 12 of 12 | 2 FILER NAME Mr. Grover G. "Gary Fickes | | 3 Filer | D (Ethics Commitsion Play) |
| 4 Date 6/21/14 | 5 Payee name Michaels | | | PH 12 |
| 6 Amount (\$) 478.20 | 7 Payee address; City; State; Zip Code 842 Northeast Moll Blvd Herst, Ta | axus 76053 | | 12:17 12:17 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Over hend | | , TX, officeho | Complete Schedule T. older living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | | Office held |
| Date 6/28/16 | Payee name Gropevine Rotary | | | |
| Amount (\$) | Payee address; City; State; Zip Code 308 S. MAIN Grapenine, Texas | 76099 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | TX, officeho | Complete Schedule T. Ider 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) | | | Complete Schedule T. older living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | | Office held |
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Forms provided by Texas Ethics Commission

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| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
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| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment | /Fundraising Expense tion Equipment & Related Expense istrict Of District rr a category not listed above) | | | | | | | | |
| 1 Total pages Schedule G: | 2 FILER NAME Mr. Grover G. "bary" Fickes | | 3 Filer IE | K (Ethics Commis | Ston Files) | | | | |
| 4 Date 1/15/16 | 5 Payee name USPS | | | | | | | | |
| 6 Amount (\$) 49.00 Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Co 2300 Story Road Irving, Exits | 750 38 | | ILLIPS TINISTRATOR | р 2011:11 ри 12: 17 | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule Office Overhand | e) (b) Description State Check if travel outsid Check if Austin, T | • | | | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/0 | Candidate / Officeholder name OH | Office sought | | Office | held | | | | |
| Date 1/15/14 | Payee name Office Depot | | | | | | | | |
| Amount (\$) 112.57 Reimbursement from political contributions intended | Payee address; City; State; Zip Co 9131 Hwy 22 North Rich Inst Hil | de 11s, Texas 74180 | | | | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule Office Overhead | e) (b) Description Grand | | | | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/ | Candidate / Officeholder name OH | Office sought | | Office | held | | | | |
| Date 1/15/14 | Payee name Abucios | | | | | | | | |
| Amount (\$) <i>IL3.41</i> Reimbursement from political contributions intended | Payee address; City; State; Zip Co 850 Hir port Frequency Hurst, Tes | ode XAS 76054 | | | | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule | e) (b) Description Emp Check if travel outside Check if Austin, T | e of Texas. Comp | | | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/ | Candidate / Officeholder name OH | Office sought | | Office | heid | | | | |
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| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | |
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| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politik Credit Card Payment | | | | | | | |
| 1 Total pages Schedule G: 2 of 13 4 Date | 2 FILER NAME Mr. Grover G. "Groy Fickes 5 Payee name | | | | | | |
| 1/15/14 | Acc Mart Supply 550 55 7 Payee address; City; State; Zip Code 10 52 00 Al Do Jon (how / how | | | | | | |
| 6 Amount (\$) 10.19 Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 5600 N. Deview Harton City, Easts 72,148 | | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Over hand (b) Description Cops may bos Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate / Officeholder name Office sought Office held DH | | | | | | |
| Date 1/15/14 | Payee name BACON'S Bistro | | | | | | |
| Amount (\$) 22.88 Reimbursement from political contributions intended | Payee address; City; State; Zip Code 737 Grapevine Huy Hurst, Easts 72054 | | | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food / Bevernge Expanse (b) Description Breakins - Shaff Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate / Officeholder name Office sought Office held | | | | | | |
| Date 1/15/12 | Payee name H-3 Ranch Grill | | | | | | |
| Amount (\$) 42.25 Reimbursement from political contributions intended | Payee address; City; State; Zip Code Exchange Street Fort Worth, Texas 72124 | | | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food / Beveringe Expense Check if Austin, TX, officeholder living expense | | | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate / Officeholder name Office sought Office held | | | | | | |
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| | EXPENDITURE CATEGORIE | S FOR BOX 8(a) | | | | | |
|---|---|---|---|--|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment | | 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: 3 of 13 | 2 FILER NAME Mr. Grover G. "Gary" Fickes | | 3 Filer ID (Ethips Commission Filers) | | | | |
| 4 Date 1/15/16 | 5 Payee name HEB Grocery | | RRAN JUL- | | | | |
| 6 Amount (\$) 90.09 Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code Hwy 183 (Ampasses, Texas | 71550 | T COUNTY -6 PM 12: ACCENTION | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food / Bevernge Expanse | Check if travel outside | Iow - Huut 2 - | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/0 | Candidate / Officeholder name DH | Office sought | Office held | | | | |
| Date 2/17/16 | Payee name The Big Grab | | | | | | |
| Amount (\$) 29.23 Reimbursement from political contributions intended | Payee address; City; State; Zip Code Grapevinc Huly Hurst, Texits | 76054 | | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Bevernge Expanse | | n with Statt of Texas. Complete Schedule T. , officeholder living expense | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/0 | Candidate / Officeholder name DH | Office sought | Office held | | | | |
| Date 2/17/12 | Payee name Acc Mart Supply | | | | | | |
| Amount (\$) 2.1.48 Reimbursement from political contributions intended | Payee address; City; State; Zip Code 5600 N. Deview Havy Halton City, To | xans 72148 | | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | of Texas. Complete Schedule T. , officeholder living expense | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate / Officeholder name DH | Office sought | Office held | | | | |
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| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | |
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| | ccounting/Banking Fees Office Overhead/Rental Expense Transport consulting Expense Food/Beverage Expense Polling Expense Travel In contributions/Donations Made By Git/Awards/Memorials Expense Printing Expense Travel Out Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (effthematical Contract Labor) | | | | | | |
| 1 Total pages Schedule G: 4 aそ13 | Mr. Grover G. "Gary" Fickes | 3 Filer D | (Ethics commission Filers) | | | | |
| ⁴ Date 2/17/12 | 5 Payee name I Fratelli Restauront | | нтү 12:17 578.410 | | | | |
| 6 Amount (\$) 59.34 Fielmbursement from political contributions intended | 7 Payee address; City; State; Zip Code 7701 MacHithur Ivving, Texas 7 | , 15022 | 73 | | | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description Thusportation | Summit | | | | |
| PURPOSE OF EXPENDITURE | Food/Bareringe Expanse | Check if travel outside of Texas. Comp | lete Schedule T. | | | | |
| 9 Complete <u>QNLY</u> if direct expenditure to benefit C/0 | Candidate / Officeholder name OH | Office sought | Office held | | | | |
| Date 2/17/12 | Payee name B.J. Restaurant | | | | | | |
| Amount (\$) <i>41.10</i> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 952 N.E. Loop 820 Hurst, Teasts | 72053 | | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food / Beveringe Expense | (b) Description Lunch with Sh | lete Schedule T. | | | | |
| Complete ONLY if direct expenditure to benefit C/ | | Office sought | Office held | | | | |
| Date 2/17/12 | Payee name Home Depot | | | | | | |
| Amount (\$) / 4.0 } | Payee address; City; State; Zip Code 64/1 Procluct Live Rd North Rich | hand Hills, Texas 72180 | | | | | |
| Reimbursement from political contributions intended | | | | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | (b) Description Supples Check if traveloutside of Texas. Comp Check if Austin, TX, officeholder I | | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/0 | Candidate / Officeholder name OH | Office sought | Office held | | | | |
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SCHEDULE G

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
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| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment | | Legal Services | Expense morials Expense | Office C Polling Printing Salaries | apayment/Reimbursement Sverhead/Rental Expense Expense Expense SWages/Contract Labor o complete this form. | Transporta Travel Ing Travel Out | | | 7 |
| 1 Total pages Schedule G: 5 of 13 | 2 FILER NA | ime ver 6. "Gøn | y" Fickes | | (A.) (A.) (A.) (A.) | 3 Filer I | D (Ethics Comr | nission F | |
| 4 Date 2/17/14 | 5 Pavee na | 5 Payee name Greater Colleyville Chamber of Commerce | | | | | LIPS | PH 12: | DUN1 |
| 6 Amount (\$) 18.00 Reimbursement from political contributions intended | 7 Payee ad | dress; layville Bly | City; State; Z d Colleyv | Zip Code | as 74034 | | ATOR | 17 | ~ |
| 8 PURPOSE | | | ited at the top of this s | schedule) | (b) Description | cheon | oloto Sobodulo T | | |
| OF EXPENDITURE | Food/Be | жегндсе Ех | peuse | | Check if Austin, T | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/0 | | late / Officeho | lder name | | Office sought | | Office | e held | |
| Date 2/17/14 | Payee nam | sco's Gril | | | | | | | |
| Amount (\$) 90.32 | Payee ad 1 200 E. | dress; Southhike E | City; State; Z | Lip Code | Ex45 76092 | | | | |
| Reimbursement from political contributions intended | | | | | | | | | |
| PURPOSE OF EXPENDITURE | | (See Categories lis | ted at the top of this s | chedule) | (b) Description 4/4/ Check if travel outsid Check if Austin, T | le of Texas. Com | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/0 | | ate / Officeho | lder name | | Office sought | | Office | e held | |
| Date 2/17/12 | Payee nar Krisp) | "" Krcmc | Dourts | | | | | | |
| Amount (\$) | Payee ad | | City; State; Z | ip Code | 1/051 | | | | |
| Reimbursement from political contributions intended | 760 J IN | 4 100055 | orapointe, | Lory | | | | | |
| PURPOSE OF EXPENDITURE | | (See Categories lis | ted at the top of this s | chedule) | (b) Description | le of Texas. Comp | ete Schedule T. | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/(| | ate / Officeho | lder name | | Office sought | | Office | e held | |
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| | | EXPENDITURE | CATEGORIE | S FOR BOX 8(a) | | | | |
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| Advertising Expense Event Expense Loan Repayment/Reimbursement Accounting/Banking Fees Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By Gitt/Awards/Memorials Expense Printing Expense Candidate/OfficeAolder/Political Committee Legal Services 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) | | | |
| 1 Total pages Schedule G: 2 of 13 | 2 FILER NA Mr. Grou | ME er 6. "Gary" Fic | Kes | | 3 Filer I | D (Ethios Comr | nission I | Filers |
| ⁴ Date 2/17/12 | 5 Payee nam Brooks | 1 | | | | OMILLIP | PHI | COUNT |
| 6 Amount (\$) 21.19 Reimbursement from political contributions intended | 7 Payee add | | ate; Zip Code Johe, Texas | 72442 | | TRATOR | 2: 17 | ΥΠ |
| 8 PURPOSE OF EXPENDITURE | | See Categories listed at the to werrage Exponse | p of this schedule) | (b) Description For Check if travel outsic Check if Austin, T | le of Texas. Com | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/0 | | ate / Officeholder nam | 8 | Office sought | | Office | e held | |
| Date 2/14/12 | Payee nar Busy B | 's Bakery | | <u>, , , , , , , , , , , , , , , , , , , </u> | | | | |
| Amount (\$) 13.00 Reimbursement from political contributions | Payee add 3919 61 | ress; City; St gyvilk Blvd Gi | ate; Zip Code Ileyville, KAR | rs 74034 | | | | |
| PURPOSE OF EXPENDITURE | | See Categories listed at the to | p of this schedule) | (b) Description | e of Texas. Com | olete Schedule T. | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/0 | | ate / Officeholder nam | e | Office sought | | Office | e held | |
| Date 2/17/12 | Payee nar Bice F | | | | | | | |
| Amount (\$) 86.58 Reimbursement from political contributions intended | Payee add 150 W. 8c | dress; City; St dreid - Exless Rd | ate; Zip Code Bedford, | Texas 72021 | (| | | |
| PURPOSE OF EXPENDITURE | | See Categories listed at the to | p of this schedule) | (b) Description Fux | | plete Schedule T. | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/0 | | ate / Officeholder nam | e | Office sought | | Office | e held | |
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| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | |
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| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment | Fees Of Food/Beverage Expense Pro By Gift/Awards/Memorials Expense Pr | an Repayment/Reimbursement fice Overhead/Rental Expense bling Expense Jaries/Wages/Contract Labor ow to complete this form. | Solicitation/Fundreising Expanse Transportation Equipment & Mated Sopense Travel In District Travel Oft Of District Other (enter a category not listed above) | | |
| 1 Total pages Schedule G: 7 of 13 | 2 FILER NAME Mr. Grover 6. "Gary" Fickes | | 3 Filer ID (Ethics Bommission Filers | | |
| 4 Date 2/17/12 | 5 Payee, name Reath of the BACKstage | | 117 12: 17 12:17 | | |
| 6 Amount (\$) 7 Payee address; City; State; Zip Code 77.29 Will Rogers Complex Fort Worth, Exats 72/07 | | | | | |
| Reimbursement from political contributions intended | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedul Food / Beveringe Expanse | Check if travel outsid | ver with Govs & Levy & le of Texas. Complete Schedule T. X, officeholder living expense | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | | | | |
| Date Payee name 3/12/12 Sevior Toildry Drive | | | | | |
| Amount (\$) Payee address; City; State; Zip Code 20.00 100 E. Wather ford, 5 th Floor Fort We the, Texas 76101 | | | | | |
| J political contributions intended | | | - J | | |
| PURPOSE OF EXPENDITURE | Category See Categories listed at the top of this schedule) Countributions/Doug-Hours Made By Check if traveloutside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH | | | | | |
| Date 3/12/14 | Payee name Bicc Florist | | | | |
| Arnount (\$) Payee address; City; State; Zip Code 119.47 250 W. Bed ford Euloss Read Hurst, Texas 72053 | | | | | |
| Reimbursement from political contributions intended | | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule Memorials Expanse | Check if travel outsid | WOYS e of Texas. Complete Schedule T. K, 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 | | | | | |

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| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | |
|---|---|--|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment | Fees O Food/Beverage Expense P By Gift/Awards/Memorials Expense P | can Repayment/Reimbursement Mice Overhead/Rental Expense olling Expense rinting Expense alaries/Wages/Contract Labor row to complete this form. | Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District O Travel Out Of District TI Other (enter a category not lister abova) | | |
| 1 Total pages Schedule G: 8 o € 13 4 Date | 2 FILER NAME Mr. Grover G. Gany "Fickes 5 Payee name | | 3 Filer ID (Ethics Commission Filers) | | |
| 3/12/12 | Cate Sicilia | | P: 17 | | |
| 6 Amount (\$) 22.52 Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Co 1548 Bed ford Rond Bedford, Tex | | 20 | | |
| 8 | (a) Category (See Categories listed at the top of this schedu | (b) Description | chapw | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expense | | le of Texas. Complete Schedule T. X, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/0 | Candidate / Officeholder name DH | Office sought | Office held | | |
| Date 3/12/12 | Payee name Krispy Kreme Downts | | | | |
| Amount (\$) 44,45 Reimbursement from political contributions intended | Payee address; City; State; Zip Co 3205 Irn Woods Ave Grapevine | ode 2, Eans 74051 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedu | Check if travel outsid | c with Coustificents le of Texas. Complete Schedule T. X, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/0 | Candidate / Officeholder name DH | Office sought | Office held | | |
| Date 3/12/12 | Payee name Swiss Bakery | <u> </u> | | | |
| Amount (\$) 41.30 Reimbursement from political contributions intended | Payee address; City; State; Zip Co 3934 W. Vickery Arc Fort Work | ode H. Texas 76107 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedul | Check if travel outsid | Ktast Maching e of Texas. Complete Schedule T. X, officeholder living expense | | |
| Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH | | | | | |
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| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
|---|---|---------------------|-------------------------------|---|---|---|---------------|----------------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment | | Legal Services | e Expense emorials Expense | Office C Polling Printing Salaries | apayment/Reimbursement Werhead/Rental Expense Expense Expense Wages/Contract Labor o complete this form. | Transporta Travel In £ Travel Oyi | | Bated Expense |
| 1 Total pages Schedule G: | 2 FILER NA | ME | | | | 3 Filer I | D (Ethics Com | nician Filers) |
| 9 of 13 | Mr. 610 | ver 6, "Go | ry Hekes | | | | MILL | P |
| 4 Date 3/12/12 | 5 Payee name Americs Pizza + Pasta | | | | | | | |
| 6 Amount (\$) 25.10 | Amount (\$) 7 Payee address; City; State; Zip Code 25.10 2315 E. Southinke Blvd Southinke, Exits 76092 | | | | | | | |
| political contributions intended | | | | | | | | |
| 8 | (a) Category | (See Categories lis | sted at the top of this s | chedule) | (b) Description | h with G | wstable | |
| PURPOSE OF EXPENDITURE | Food /B | everage Ex | pouse | | Check if travel outsid | | - | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/0 | | date / Officeho | lder name | | Office sought | | Office | e held |
| Date | Payee na | me | | | | | | |
| 3/12/12 | SNutte | | | | | | | |
| Amount (\$) |) Payee address; City; State; Zip Code | | | | | | | |
| 73.94 4717 Collegnille Blud Collegnille, Tocas 2034 | | | | | | | | |
| Reimbursement from political contributions intended | | | | | | | | |
| DUDDOOF | Category | (See Categories lis | sted at the top of this s | chedule) | (b) Description Star | Hlunch | | |
| PURPOSE OF EXPENDITURE | Food / Beverage Expanse Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | | | |
| Complete ONLY if direct Candidate / Officeholder name Office sought Office held | | | | | | | | |
| Date Payee name | | | | | | | | |
| 3/12/14 | alback | Stend he | | | | | | |
| Amount (\$) | Payee ad | dress; | City; State; Z Horst, Ex | Zip Code | | | | |
| 61.20 | 813 Hup | nt huy | Hurst, lex | (45 12 | 05 3 | | | |
| Reimbursement from political contributions intended | | | | | | | | |
| PURPOSE | Category | (See Categories lin | sted at the top of this s | chedule) | (b) Description Trav | sportation | Summit | |
| OF | Food/E | Bevernge E | xpause | | Check if travel outsic | | | |
| Complete ONLY if direct Candidate / Officeholder name Office sought Office held | | | | | | | | |
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| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | |
|---|---|---|---|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment | Fees Offit Food/Beverage Expense Poll By Gift/Awards/Memorials Expense Prin | e Overhead/Rental Expense Tran ing Expense Trav ting Expense Trav ing Expense Trav vies/Wages/Contract Labor Othe w to complete this form. | Attalion/Fundraising Expense isportation Equipment & Related Expense el In District I el Our of District pr (enter a categoogynot listed above) | | |
| 1 Total pages Schedule G: 10 of 13 | Mr. Grover 6. "Gary" Fickes | 3 Fi | iler ID (Ethics Commission Filtrs) | | |
| 4 Date 3/16/12 | 5 Payee name Wildwood Grill | | UNIT HIZ: IPS ISTRA | | |
| 3/12/12 Wildwood Grill 6 Amount (\$) 7 Payee address; City; State; Zip Code 39.52 3700 E. Southlake Blvd Southlake, Exps 76092 Image: Reimbursement from political contributions intended | | | | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description watch with | haustituents | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expanse | Check if travel outside of Texa | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/0 | Candidate / Officeholder name OH | Office sought | Office held | | |
| Date 3/12/12 | Payee name Pappa Jows Rizza | | | | |
| Amount (\$) | Payee address; City; State; Zip Cod | le | | | |
| 55. W Reimbursement from political contributions intended | Grapevine Huy Hurst, Tocas ? | 16051 | | | |
| | Category (See Categories listed at the top of this schedule) | (b) Description Staff La | wch | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Expanse | Check if travel outside of Texa | | | |
| Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH | | | | | |
| Date 5/3/12 | Payee name | | | | |
| Amount (\$) 10 8.2 4 | Payee address; City; State; Zip Coo 260/ SH 114 Southlake, Texas | ie 14092 | | | |
| Reimbursement from political contributions intended | | ······································ | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | (b) Description Storage Check if travel outside of Texa: Check if Austin, TX, officel | s. Complete Schedule T. | | |
| Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH | | | | | |
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| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | |
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| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment | Fees Office Overhead Food/Beverage Expense Polling Expense By Gift/Awards/Memorials Expense Printing Expense | se Travel Out Of District /Contract Labor Other (enter a category not listed above) | | | | |
| 1 Total pages Schedule G: 110£13 | 2 FILER NAME Mr. Grover G. "FAIY" Fickes | 3 Filer ID (Ethics Commission Files) | | | | |
| 4 Date 5/3/14 | 5 Payee name CISD Carroll Football | ADMIL | | | | |
| 6 Amount (\$) 252.00 Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code CISD Adm Blog Southlacke, Texas 760 | 092 UHTY | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Courtribution / Dourshians / Made By Officeno Loor | Description Down How Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/0 | | ce sought Office held | | | | |
| Date 5/3/14 | Payee name Fratelli Ristorante | | | | | |
| Amount (\$) 38.24 Reimbursement from political contributions | Payee address; City; State; Zip Code 7701 N, Mac Arthur Isving, Texas 7502 | 3 | | | | |
| intended | | | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) (b) Du Food / Beverage Expense | Description Lunch Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH | | | | | | |
| Date 5/3/14 | Payee name Bella Posta + Pizzla | | | | | |
| Amount (\$) | Payee address; City; State; Zip Code 3548 S. Hills Are Fort Worth, Texas 72 | 2109 | | | | |
| Reimbursement from political contributions intended | | | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) (b) De Food / Beverage Expanse | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH | | | | | | |
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SCHEDULE G

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | |
|---|---|--|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment | Fees Office Over Food/Beverage Expense Polling Exp By Gift/Awards/Memorials Expense Printing Ex | rhead/Rental Expense Transporta pense Travel in D pense Travel Out ages/Contract Labor Other (eff | VFundraising Expense titon Equipment & Related Expense bistrict Of District a category not listed aboy | | |
| 1 Total pages Schedule G: 12 of 13 | 2 FILER NAME Mr. Grover G. "Group" Fickes | 3 Filer | D (Ethics Commission Filers) | | |
| ⁴ Date 5/3/14 | 5 Payee name | | | | |
| 6 Amount (\$) 85.29 Reimbursement from political contributions intended | Amount (\$) 7 Payee address; City; State; Zip Code 85.29 1471 E. South locke Blvd South locke, Texas 72092 Reimbursement from political contributions | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Bevernge Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | |
| 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held | | | | | |
| Date 5/3/12 | Payee name Swiss Bakery | | | | |
| Amount (\$) 27.88 Reimbursement from political contributions intended | Payee address; City; State; Zip Code Victory Ave Fort Worth, Texts 72 | 6107 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) (b Food / Beverage Expans e | Description Break Const Check if travel outside of Texas. Com Check if Austin, TX, officeholder | | | |
| Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH | | | | | |
| Date 5/3/12 | Payee name | | | | |
| Amount (\$) 45.51 Reimbursement from political contributions intended | Payee address; City; State; Zip Code 239 University Berkey, G. 947 | Οιτ | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) (b Food / Bevernge Expense | Description Dinner Check if travel outside of Texas. Com Check if Austin, TX, officeholder | | | |
| Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH | | | | | |
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| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | |
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| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment | Fees Offi Food/Beverage Expense Pol By Gift/Awards/Memorials Expense Pri | an Repayment/Reimbursement ice Overhead/Rental Expense lling Expense aries/Wages/Contract Labor w to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel COD Of District Other (enter a catagory not listed above) | | |
| 1 Total pages Schedule G: 13 of 13 | 2 FILER NAME Mr. Grover G. "Gary" Fickes | | 3 Filer D (Ettrics Commission Files) 글 문 이 [] | | |
| 4 Date 5/3/12 | 5 Payee name Texas Bleu | | PHI2: 1 PHI2: 1 HHISTRA | | |
| 6 Amount (\$) 99.98 Reimbursement from political contributions intended | 124 S. Man St. Keller, Exas 72248 | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule Food/Bevernge Expense | Check if travel outsid | NNCY e of Texas. Complete Schedule T. X, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate / Officeholder name DH | Office sought | Office held | | |
| Date 6/14/16 | Payee name Marrio H PowomA | | | | |
| Amount (\$) <i>LL9.30</i> Reimbursement from political contributions intended | LL9.30 52 nd Street And Ricardo Arias Ponnama City, Primama Reimbursement from political contributions | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule Travel Cut of District | Check if travel outsid | I Transportation Advancy le of Texas. Complete Schedule T. X, officeholder living expense | | |
| Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH | | | | | |
| Date | Payee name | | | | |
| Amount (\$) | Payee address; City; State; Zip Co | de | | | |
| Reimbursement from political contributions intended | | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule | Check if travel outsid | e of Texas. Complete Schedule T. X, officeholder living expense | | |
| Complete ONLY if direct Candidate / Officeholder name Office sought Office held | | | | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | |