CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	iulde explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	Ms/Ms/Ms First	Ğ	OFFICE USE ONLY
NAME	nickname Last Gary Fickes	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; C	SITY; STATE; ZIP CODE	7 -5
5 CANDIDATE/	1	+ 1	
OFFICEHOLDER PHONE			Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST John	T MI	Receipt # Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed
	Eubanks		Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SL	JITE #; CITY; STATE;	ZIP CODE
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15 30th day before e	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 Sth day before ele	ction Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month Day Year	Month	Day Year
COVERED	7/1/16	тняоцен 12/	´ 31 / 16
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	Gunty Commissioner Precinct 3		
	GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

		The state of the s		
14 C/OH NAME Mr. Grever 6.	"Gary" Fickes	1	5 Filer ID (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANE	TURES MADE BY POLITICAL COMMITTEES TO ITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S IS INFORMATION ONLY IF THEY RECEIVE NOTICE		
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		SPECIFIC COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME	THE PARTY OF THE P	
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
·				
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	\$ 500.00	
	2. TOTAL	POLITICAL CONTRIBUTIONS	\$ 500.00 \$ 29,025.00	
		THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 29,025.00	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$			
	4. TOTAL	POLITICAL EXPENDITURES	\$ 23,191.90	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY of REPORTING PERIOD \$ 32, 100, 37			
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	HE \$	
18 AFFIDAVIT				
		_	erjury, that the accompanying report is rmation required to be reported by me	
STAY PURL	FREIDA M. LANDER		imation required to be reported by the	
	NOTARY PUB			
	My Comm. Exp. 04-17		/ \	
1	******	Signature of Cand	didate or Officeholder	
AFFIX NOTARY STAM	P/SEALABOVE			
Course to and auto-	ribad bafara was b	by the said frover f. Fickes	, this the 4 th	
day of JANUMU	, 20 17	to certify which, witness my hand and seal of office.	, uns ule <u>T</u>	
•			11.1-	
		an Freida W. Landerholm	Motorg	
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

_	Mr. Gr	over 6. "Gary" Fickes	20 Filer ID (Ethics Con	mmission Filers)
21		JLE SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		s 28,525.00
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 COI	NTRIBUTIONS	s 12.548.18
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 FUN	IDS	\$ 10,243.72
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	\$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 1 of 14 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Mr. Gover E. "Gary" Ficker 5 Full name of contributor Tim Britan Out-of-state PAC (ID#: 7 Amount of contribution (\$) 9/9/12 6 Contributor address; 200.00 City; State; Zip Code WesHake, Texas 74242 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) 9/9/14 City; State; Zip Code Grapovius, Kings 74051 125.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) 9/9/14 125.00 Contributor address Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#: 9/9/16 100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	y G. "Gory" Fickes	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
9/9/12	6 Contributor address; City; State; Zip Code 732 Elyses Lanc Keller, Texas 74248	100.00
8 Principal occu	upation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:) GARY W. and ANN Terry	Amount of contribution (\$)
9/12/13	Gary W. and Ann Terry Contributor address; City; State; Zip Code 117 Shady Lake Gurt Hurst; Texas 72094	100.00
Principal occur	upation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor Out-of-state PAC (ID#:) Mark A. and Grot Have	Amount of contribution (\$)
9/12/12	Contributor address; City; State; Zip Code 3100 Carisbrook Court College: 16, Texas 76034	100.00
Principal occur	upation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
9/2/16	Contributor address; City; State; Zip Code 4200 Lake Way Abrik Richland Hills, Texas 74180	500.00
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	ilons)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE If contributor is out-of-state PAC, please see instruction guide for additional re	

Principal occupation / Job title (See Institutor address 21/2 Brooking) Principal occupation / Job title (See Institutor address 21/2 Brooking) Principal occupation / Job title (See Institutor address 21/2 Brooking) Principal occupation / Job title (See Institutor address 21/2 Brooking) Principal occupation / Job title (See Institutor address 21/2 Brooking) Contributor address 21/2 Brooking	structions) City; cet For Will structions) City; cutor out-of- cutor diving Harristructions)	9 Employer	7 Am (See Instructions)	nount of contribution (\$) 100.00 nount of contribution (\$)
Principal occupation / Job title (See Institutor address 2810 Berry Street) Principal occupation / Job title (See Institutor address 2812 Brookring) Principal occupation / Job title (See Institutor address 2812 Brookring) Principal occupation / Job title (See Institutor address 2812 Brookring) Principal occupation / Job title (See Institutor address 2812 Brookring) Principal occupation / Job title (See Institutor address 2812 Brookring) Principal occupation / Job title (See Institutor address 2812 Brookring) Principal occupation / Job title (See Institutor address 2812 Brookring)	structions) City; cet For Will structions) City; cutor out-of- cutor diving Harristructions)	9 Employer -state PAC (ID#:	(See Instructions)	100.00
Principal occupation / Job title (See Institutor address 2810 Berry Strate) Principal occupation / Job title (See Institutor address 2112 Brookring) Principal occupation / Job title (See Institutor address 2112 Brookring) Principal occupation / Job title (See Institutor address 2112 Brookring) Principal occupation / Job title (See Institutor address 2112 Brookring) Principal occupation / Job title (See Institutor address 2112 Brookring)	s; City; eet FortWi structions) outor out-of- well s; City; c Drive Hun tructions)	9 Employer	(See Instructions)	nount of contribution (\$)
Principal occupation / Job title (See Institutor 2) Date Full name of contributor address 2112 Brookridg Principal occupation / Job title (See Institutor 2) Full name of contributor 2 Full name of contributor 2 Address 2 Ad	s; City; City; tructions)	-state PAC (ID#:; State; Zip Code	Am	
George H. She Contributor address 2112 Brookring Principal occupation / Job title (See Inst Date Full name of contrib Willer J. and G	s; City; City; Parket Hand	State; Zip Code	4	
Principal occupation / Job title (See Institute of Contribution) Principal occupation / Job title (See Institute of Contribution) Principal occupation / Job title (See Institute of Contribution)	tructions)			100.00
Date Full name of contrib		Employer		
alali	utor		(See Instructions)	
0/.0.		f-state PAC (ID#:	Ап	nount of contribution (\$)
		; State; Zip Code ille, Texas 740	34	100.00
Principal occupation / Job title (See Ins	tructions)	Employer	(See Instructions)	
Date Full name of contrib		f-state PAC (ID#:	An	nount of contribution (\$)
Q(, a (,)		State; Zip Code	FI	500.00
Principal occupation / Job title (See Ins	tructions)	Employer	(See Instructions)	

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Mr. Grove	er 6. "Gary" Fickes	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
9/12/12	Jimmy C. Paylow Sr 6 Contributor address; City; State; Zip Code RD Box 1212 Euless, Texas 72039	500.00
8 Principal occ	cupation / Job title (See Instructions) 9 Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
9/12/16	Contributor address; City; State; Zip Code P.O. Box 370 Euless, Texas 74034	1,000.00
Principal occu	upation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor out-of-state PAC (ID#:) J.D. Johnson Campaign	Amount of contribution (\$)
9/12/12	Contributor address; City; State; Zip Code P.O. Box 131021 Fort Worth, Leans 72132	3000
Principal occu	upation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
9/12/12	Contributor address; City State; Zip Code 304 Sterling Gurt Southloke, Exes 74092	100.00
Principal occu	upation / Job title (See Instructions) Employer (See Instructions)	ions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE If contributor is out-of-state PAC, please see instruction guide for additional r	EDED reporting requirements.

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1		
Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
2 FILER NAMI	ver f. "fpry" Fickes	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor	7 Amount of contribution (\$)		
9/12/14	Rownic D. Long 6 Contributor address; City; State; Zip Code LOO4 Airport Fuy Fort Worth, Texas 72117			
8 Principal occ	supation / Job title (See Instructions) 9 Employer (See Instru	ctions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
9/12/12	Contributor address; City; State; Zip Code 4311 W. Lovers Love, Saile 200 Dallos, Texas 75209	500.00		
Principal occu	upation / Job title (See Instructions) Employer (See Instruc	ctions)		
Date	Full name of contributor	Amount of contribution (\$)		
१।७।८	Marilyn F. and Michael K. Berry Contributor address; City; State; Zip Code 4217 Genoa Road Fort Worth, Texas 72116	500.00		
Principal occu	upation / Job title (See Instructions) Employer (See Instruc	ctions)		
Date	Full name of contributor out-of-state PAC (ID#:) Charks T. and Karen W. Thompson	Amount of contribution (\$)		
9/12/16	Contributor address; City; State; Zip Code 3103 flow Dale Drive Collegeille, Texas 76034	25.00		
Principal occu	upation / Job title (See Instructions) Employer (See Instruc	ctions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NI If contributor is out-of-state PAC, please see instruction guide for additional	EEDED		
	and additional	reporting requirements.		

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	r G. "Gary" Fickes	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) David M. And Mary Frazior 6 Contributor address; City; State; Zip Code 2304 Woodkeld Way Barbard, Texas 74021	7 Amount of contribution (\$)
8 Principal occu	upation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Tames Charles Rowell	Amount of contribution (\$)
9/12/12	Contributor address; City; State; Zip Code P.O. Box 4444	250.00
Principal occu	upation / Job title (See Instructions) Employer (See Instructions)	tions)
Date 9/12/12	Full name of contributor out-of-state PAC (ID#:) Kay 4. and Darcy 6. Andersou	Amount of contribution (\$)
7/16114	Kay 4. and Darcy 6. Anderson Contributor address; City; State; Zip Code 2005 Wood Thrush Court Westlock, Texas 72222	15000
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:) John R. and El. zobell A. Thome	Amount of contribution (\$)
१/१८/१८	Contributor address; City; State; Zip Code 2200 S. Gua: Run Court Saddlake, Exas 74092	100.00
Principal occu	pation / Job title (See Instructions) Employer (See Instruct	ilons)
	J	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE if contributor is out-of-state PAC, please see instruction guide for additional r	EDED reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 7 ot 14 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Mr. Grover G. "Gary" Ficker James D. and Shirley M. Danvanbaum 7 Amount of contribution (\$) 6 Contributor address; City; State; Zip 3100 W. Alabama Street Housiew, Exas 5.000.00 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) ut-of-state PAC (ID#:_ Date Amount of contribution (\$) Freeze and Nichols PAC 150.*00* Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Low Hillman 9/23/12 Contributor address; 100.00 Grapewer, Exis 72051 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Liveburger Guggas Blair & Surpes UI3 Contributor address; P.O. Box 17 + 28 City; State; Zip Code Austru, Texas 78 760 Date Amount of contribution (\$) 9/23/16 5,000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 80614 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Mr. Grover G. "Gary" Files 5 Full name of contributor Skeven A. Mund F 7 Amount of contribution (\$) 9/23/12 6 Contributor address; 100.00 Trophy Cut, Exts 7222 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) out-of-state PAC (iD#:_ Date Amount of contribution (\$) North Exas Fowered Homes U.C. Contributor address; City; State; Zip Code P.D. Box 1587 Hurs, Exact 7405 200.00 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Thomas A. Wilder Contributor address; City; State; Zip Code 250.00 209 West Second Street Fort Worth, Exas 76102 Employer (See Instructions) Principal occupation / Job title (See Instructions) Joke W. and Deborah M. South Date Amount of contribution (\$) 9/23/16 Southloke, Box 2092 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 9ot 14 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Mr. Grover G. "Gary " Fickes Date 5 Full name of contributor Robert W. Austin Jr 6 Contributor address; 103 Parker Ridge Road City; State; Zip Code Polmer, lex/s 75152 7 Amount of contribution (\$) 1.000.00 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#: Date Amount of contribution (\$) Michael and Janot Barnard Contributor address; City; State; Zip Code 4237 Wells Drive Fort World, Texas 76135 500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) 500.00 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date out-of-state PAC (ID#: Amount of contribution (\$) Nest W. Alams 9/13/12 1,750.00 Contributor address; State; Zip Code Grapeware, Texas 74051 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

TARY POLITICAL CONTRIBUT	TIONS SCHEDULE A1
ne Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
vor f. "Gary" Fickes	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
6 Contributor address; City; State; Zip C College Legelle, Toras 7	750.00
cupation / Job title (See Instructions) 9 Emp	nployer (See Instructions)
Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Contributor address; City; State; Zip C	Code 100.00 Texas 783.14
upation / Job title (See Instructions) Emp	ployer (See Instructions)
Full name of contributor put-of-state PAC (ID#:	Amount of contribution (\$)
Contributor address; City; State; Zip Ci	76 101
upation / Job title (See Instructions) Emp	ployer (See Instructions)
Full name of contributor out-of-state PAC (ID#: ROXANNE L. P. IIAr	
Contributor address; City; State; Zip Co	
upation / Job title (See Instructions) Emp	ployer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS S If contributor is out-of-state PAC, please see instruction gu	SCHEDULE AS NEEDED
	The Instruction Guide explains how to complete this form.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 11 of 14 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Mr. Grover G. "Gary" Fickes 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#: Edward M. Andrews 6 Contributor address; 1013 SIENA DIVC 9/23/2 100.00 Souther, State; Zip Code Souther, Eas 74092 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) S.D. AND N.J. Hart Contributor address; Blud Coleyulle, Tems 74034 100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) fib Lewis 20000 Fortworth, Texas 76111 Principal occupation / Job title (See Instructions) Employer (See Instructions) HALLE Associates - State PAC Date Amount of contribution (\$) 18/16 Contributor address; City; State; Zip Code Richardson, Texas 75081 900.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Revised 9/8/2015

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
MY. GYO	ver G. "Gany" Fickes	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor	7 Amount of contribution (\$)
10/3/12	6 Contributor address; City; State; Zip Code 1201 Kugs Court Southloke, Texas 74092	250.00
Principal occ	cupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:) William F. and Mary C. Hower	Amount of contribution (\$)
10/3/14	Contributor address; City; State; Zip Code 530 Lixlian Creek Drive Trophy Club, Texas 74262	250.00
Principal occu	upation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor out-of-state PAC (ID#:) Deboron L. and Gerfis E. Hawk	Amount of contribution (\$)
10/3/14	Contributor address; City; State; Zip Code P.O. Box 197 Burleson, Texas, 74.097-0497	50.00
Principal occu	upation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor out-of-state PAC (ID#:) W: liam W. and Patricia E. Meadow's Contributor address: City: State: Zip Code	Amount of contribution (\$)
10/3/16	Contributor address; City; State; Zip Code 3904 Hame Jan Avenue Fort Worth, Texas 76107	150.00
Principal occu	upation / Job title (See Instructions) Employer (See Instructions)	ions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEI If contributor is out-of-state PAC, please see instruction guide for additional re	EDED

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 13 oc 14 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Mr. Grover G. "Gary" Ficker 5 Full name of contributor Me o Mitett 7 Amount of contribution (\$) 1,000.00 City; State; Zip Code 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) out-of-state PAC (ID#: Mark R. Berry Date Amount of contribution (\$) 10/19/16 Contributor address; City; State; Zip Code 1700 Forest Box Low Keller, Texas 74248 1,000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#: Amount of contribution (\$) *150.00* Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Robert Beall 11/1/12 1,000.00 Contributor address Collayville, Texas 76034 5300 Miramer Live Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The instruction Guide explains how to complete this form. 140614 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 100.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Metro Tex Association of Resulters, PAC Amount of contribution (\$) 12/1/12 1,500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ Contributor address; City; State; Zip Code Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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)

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	,
1 Total pages Schedule F1:	Mr. Grover G. "Gany" Fickes		3 Filer ID (Ethics Commission Filers)
4 Date 7/2/12	5 Payee name Michaels		
6 Amount (\$) 227.49	7 Payee address; City; State; Zip Code 841, Northwest Mall Blvd Herst, Tras 7	4053	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 7/7/12	Payee name Glow Whitkey Campaign		
Amount (\$) 250,00	Payee address: City; State; Zip Code 345 Charles on Place Hurst, Exas 710	054	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Coursibulians / Danations Made By Officeholder		tside of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 7/14/14	Payee name Michael's		
Amount (\$) /41.48	Payee address; City; State; Zip Code 841 Northans Mall Blud Hurst, Exas	74053	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead		iside of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Fees Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Travel In District Consulting Expense Polling Expense Printing Expense Contributions/Donations Made By Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Mr. Grover G. "Gary" Fickes 2 & 14 4 Date Internet Domain Name Services, INC 7/18/12 City; State; Zip Code 6 Amount (\$) 7 Payee address; Jersey City, NJ 07301-3018 924 Bergen Ave, Suite 289 180.00 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 ___ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense Fees OF EXPENDITURE Campaign Webs: te Office sought Candidate / Officeholder name Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Som Houston State University Alamoi 7/21/12 Payee address; City; State; Zip Code Amount (\$) 77341 15000 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Auesone Blossoms Amount (\$) City; State; Zip Code 100 S. Hempshire Street SAGINAW, EXAS 72179 Category (See Categories listed at the top of this schedule) Description 6: H/Awards/Memorial Expanse Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

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/Rerital Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME

3 of 16

1. Frever 6. "Gry " Ficks 3 Filer ID (Ethics Commission Filers) 4 Date Verwis Shingle ton Campaign 7 Payee address; 6 Amount (\$) Fort-Worth, Texas 72147 P.O. Box 470332 25000 (b) Description (See Categories listed at the top of this schedule) 8 15/Darwhous Made By _ Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 8/2/12 Loues Amount (\$) Payee address; City; State; Zip Code y Hurst, Texas 76094 770 Grayewac Huy 199.53 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE ad Way hundraiser Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Date Texas Wine Tribute Amount (\$) City; State; Zip Code 232 S. Main Street Grapevine, Texas 76051 150.00 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Check 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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Loan Repayment/Reimbursement Event Expense Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Fees Food/Beverage Expense Gift/Awards/Memorials Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Polling Expense Travel In District Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) Total pages Schedule F1: 2 FILER NAME Mr. Giover G. "Gary" Fickes Republican Party of Exas 4 Date City; State; Zip Code Austral Texas 78748 7 Payee address; 6 Amount (\$) P.O. Box 2201 250.00 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Contributions/ Davations Made By Check if travel outside of Texas. Complete Schedule T. PURPOSE ck if Austin, TX, officeholder living expense OF EXPENDITURE Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Boy Scarts of America - Loughorn Conscil 8/9/12 Payee address; P.O. Box 54190 City; State; Zip Code /turst, Texas 76054 Amount (\$) 250.00 Category (See Categories listed at the top of this schedule) Description ious/Downtous Made By Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE watter Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date College. He Lows Club Payee address; City; State; Zip Code Colleguille, ICXAS 76034 Amount (\$) 250.00 Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Check 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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Fees Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Consulting Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Mr. Grover 6. "Gary" Fickes 5 Payee name Rotary 4 Date 7 Pavee address; 6 Amount (\$) 308 S. MAIN 72099 Grapevine, lexas 179.00 (b) Description 8 (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Fees Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Manborship Wics Office held 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Awdy Nguyen Campaign Payee address; City; State; Zip Code P.O. Box 151272 Pullayion, Texas 72015 Amount (\$) 150.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF ☐ Check if Austin, TX, officebolder living expense EXPENDITURE Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH Pavee name Date Minuteman Press City; State; Zip Code Fold Worth, Texas 72118 Amount (\$) Pavee address: 1927 Grand Drive 77.91 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct

expenditure to benefit C/OH

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)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1:	Mr. Gover G. "Gry" Ficks		3 Filer ID (Ethics Commission Filers)
4 Date 8/26/14	6 Payee name Cub		
6 Amount (\$) 91.00	Payee address; City; State; Zip Code P.O. Bax 931 Glayville, Texas 700	34	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date 8/29/12	HEB ISD Education Foundation		
Amount (\$) 500.00	Payee address; City; State; Zip Code P.O. Drawer 929 Bed God, Texas 720	999	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Carributions / Donations Made By Officeholder	-	ntside of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held
Date 8/30/12	Kanni Burton Gampaign		
Amount (\$) 250.00	Payee address; City; State; Zip Code P.O. Bax 1244 College: I/e, Jex45	76034	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Courtibutions / Dountians Made By Officeholder		ntside of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Printing Expense Salarles/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) Total pages Schedule F1: 2 FILER NAME Mr. Grover G. "Gary" Fickes 5 Payee name Theresa Parsons 4 Date 7 Payee address; 6 Amount (\$) Hurst, Texas 74093 208 Woodside Drive 180.00 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Solicitation/ Fundraising Expanse Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name M: Ke Wollsch Amount (\$) City; State; Zip Code 3951 Spring Gooden Drive Colleguille, Texas 74034 200.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Pavee name Date United Way of TARRANT County Payee address; City; State; Zip Code 1500 N. Main Street, Suite 200 Foit Worth, Texas 72124-0448 Amount (\$) 100.00 Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundralsing Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Transportation Equipment & Related Expense Event Expense Advertising Expense Accounting/Banking Fees Food/Beverage Expense Gift/Awards/Memorials Expense Travel In District Polling Expense Travel Out Of District Consulting Expense Contributions/Donations Made By Printing Expense Other (enter a category not listed above) Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee The instruction Guide explains how to complete this form. Credit Card Payment 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Mr. Grover G. "bang" Ficker 4 Date Jungus Jordon Campaign 6 Amount (\$) Fort Worth, Texas 250.00 (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. inis/Douglious Made by PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Ducks Unlinited INC., NE Trumt Carry Complex City; State; Zip Code Mamphi 5, W 38/20-2350 Amount (\$) Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense **EXPENDITURE** Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Shore Wilson Compaign 9/23/12 Amount (\$) Payee address; Fort Worth, Texas 74101 P.O. Box 182 500.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE**

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Candidate / Officeholder name

Office held

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 Salarles/Wages/Contract Labor

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

,	The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	Mr. Grove G. "Gniy" Ficker	3 Filer ID (Ethics Commissio	n Filers)				
4 Date 9/23/4	5 Payee name lighters Association						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
150.00	P.O. Box 54505 Iterst, Texas 760	?\$4 - 450 \$ 					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
PURPOSE	Contributions / Douations Made By	Check if travel outside of Texas. Complete Schedule T.					
OF EXPENDITURE	Officholder	Check if Austin, TX, officeholder living expense					
		Downson					
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought Office held	l				
Date	Payee name						
9/26/14	Grapevine Rolling						
Amount (\$)	Payee address; City; State; Zip Code						
113.00	Payee address; Gity; State; Zip Code 308 S. Maiw Grapevine, Texas 7	72099					
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE	_ سر	Check if travel outside of Texas. Complete Schedule T.					
OF EXPENDITURE	Fæs	Check if Austin, TX, officeholder living expense					
		Mombership Dues					
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought Office held					
Date	Payee name						
9/27/16	Brio Tuscon brille						
Amount (\$)	Payee address; City; State; Zip Code 1431 Plaza Place Southole, Tex	AL ADA					
816.11 1431 Plazar Place Southloke, Texas 76092							
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE	r 1/D F	Check if travel outside of Texas. Complete Schedule T.					
OF EXPENDITURE	Food/Beverage Expanse	Check if Austin, TX, officeholder living expense					
		Fundamiser Evolt					
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held	d				
Oxponential to Content C. C.	'						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Mr. Gover G. "Gary" Fickes 4 Date B:11 Waybourn Composign 6 Amount (\$) Arlington, ExAS 72012 P.O. Box 151 309 500.00 8 (b) Description lious/Donations Made By Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date TexAUS for life Cool: HON City; State; Zip Code Drive Arlington, Texas 76017 Amount (\$) 100.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE OF** Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Bob Jones Nature Guter 9/28/12 Southlake, Texas 76092 Amount (\$) Payee address; 1,000.00 Category (See Categories listed at the top of this schedule) Description 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 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Relmbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Printing Expense Salarles/Wages/Contract Labor Travel Out Of District Legal Services Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) Total pages Schedule F1: 2 FILER NAME Mr. Grover F. "Frony Fickes 5 Payee name Debra Lehranaun 4 Date 7 Payee address; 6 Amount (\$) P.O. Box 1949 HUSHN, TEXAS 78747 (b) Description 8 (a) Category (See Categories listed at the top of this schedule) lows / Dewarkons Made Bu Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense EXPENDITURE Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name HEB Chamber of Commerce 10/4/16 Pavee address; Amount (\$) City; State; Zip Code ford, Towns 12095 P.D. Box 929 219.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas, Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense **OF** EXPENDITURE beiship Dues Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH Date 10/5/16 Office Depot Payee address; Amount (\$) North Richland Hills, TexAS 76180 9131 Hery 26 *30.00* Category (See Categories listed at the top of this schedule) Description Office Overhood Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office held Complete ONLY if direct Office sought expenditure to benefit C/OH 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/Officeholder/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Mr. Grover G. "Gary" Fickes 12 of 16 4 Date U.S. Post Office 6 Amount (\$) Hurst Texts 72054 47.00 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE Office Overhood __ Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Office held 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Soustor IANE Nelson Compaign City: State: Zip Code Grapevine, Texas 71099 Amount (\$) *15(200*) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE mpagu loutribution Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Kelly Howoock Companier Payee address; City; State; Zip Code P.O. Box 821349 North Richland Hills, Texas 76182 Amount (\$) 250.00 Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Travel In District Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Contributions/Donations Made By Printing Expense Salarles/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 13 05 16 Ma Grover 6. "Gary" Fickes 3 Filer ID (Ethics Commission Filers) 4 Date Jonathan Stickland Campaign 6 Amount (\$) 150,00 8 (b) Description Douglious Mide By Check if travel outside of Texas. Complete Schedule T. **PURPOSE EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH WALK for PKD 10/28/16 Southlake, Texas 76091 Amount (\$) 150.00 (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date Theresa Karsons Amount (\$) Payee address; City; State; Hurst, Texas 26053 142.00

PURPOSE

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Description

Office sought

Comprise Work

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

Category (See Categories listed at the top of this schedule)

Candidate / Officeholder name

Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Office Overhead/Rental Expense Fees Transportation Equipment & Related Expense Travel In District Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Mr. Grever G. "Bory" Fiches 4 Date 5 Payee name Bice's Florist 7 Payee address; 7 Payee address; City; State; 150 M. Beden Edes Road 6 Amount (\$) (a) Category (See Categories listed at the top of this schedule) (b) Description 8 614 / Awards / Mornorials Expanse ___ Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Diawwa Hillard 11/25/14 Payee address; City; State; Zip Code, Hills, Texas 76/80 Amount (\$) 30Q OO Category (See Categories listed at the top of this schedule) Description Giff / Awards / Mamorials Ewase Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Colleguille bous Club Amount (\$) Pavee address: Collegille, Toos 72034 250.00 Description Check if travel outside of Texas, Complete Schedule T **PURPOSE** OF if Austin, TX, officeholder living expense **EXPENDITURE** Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Travel In District Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Mr. Grover 6. "Gary" Fickes 150612 4 Date 6 Amount (\$) Fort Worth, Texas 76118 30000 (b) Description 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Minutenan Kress 12/12/12 Pavee address: City; State; Zip Code Amount (\$) Fort Worth, Texas 76118 1,277.06 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE (impaign Meteral Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Grester Keller Chamber of Commerce keller, Texas 76248 Amount (\$) Payee address; 175.00 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held

expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a patencey not listed above)

Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Mr. Grover G. "Gary" Fickes 16 st 12 4 Date State; Zip Code Vd Southlake, Taxas 74092 6 Amount (\$) 530 S. White Chapel Blud 97.93 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Food / Beverage Expense Check if Austin, TX, officeholder living expense OF EXPENDITURE nos Porty - Southloke Office sought Office held 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Center For Transforming lives 12/5/12 Payee address; City; State; Zip Code
512 W. 44 Street Fort Worth, Texas 74102 Amount (\$) 100.00 Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Рауее пате Date Feed Store BBQ Southlake, Texas 76092 Amount (\$) 530 S. White Chapel Blvd 155.28 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Food/Beverage Expense Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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 Gitt/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)

Credit Gard Payment	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule G:	Mr. Grover 6. "Gony "Fickes	3 Filer ID (Ethics Commission Filers)				
4 Date 7/2/14	5 Payee name Bellisimo Italian					
Amount (\$) 91.19 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 5309 College: R Blvd College: Coll	Texas 76034				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD Beverage Expanse	(b) Description (anch with Courable 5 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought Office held				
Date 7/2/W	Payee name (A Bistro					
Amount (\$) 75.14 Reimbursement from political contributions intended	Payee address; City; State; Zip Code 721 Grapevine Huy Hurst, Texas	72054				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Beverage Expanse	(b) Description Lunch with Shelf 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 7/2/12	Swiss Bakery					
Amount (\$) 34.43 Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3932 Vickory Fort Worth, Toxes	74107				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD / Beverage Expanse	(b) Description 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						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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 Gilt/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

Legal Services Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Mr. Gover G. "Gary Ficker 20612 4 Date Krispy Krome Downts 7 Payee address; 6 Amount (\$) City; State; Zip Code 3105 Ira Woods Graperine, Texas 74091 Reimbursement from political contributions (b) Description Coffee with Connissioner 8 (a) Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expanse OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name
Black Walve 7/2/14 Payee address; City; State; Zip Code 125 Church Street Colleguille, Exas 74034 Amount (\$) Reimbursement from political according political contributions intended (b) Description Category (See Categories listed at the top of this schedule) Luch **PURPOSE** Food/Beverage Expanse Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Kin caids Hamburgers Payee address; City; State; Zip Code

And Southloke, Exts 76092 Amount (\$) 19.69 Reimbursement from political contributions Category (See Categories listed at the top of this schedule) (b) Description WUNCH **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expanse OF **EXPENDITURE** Check if Austin, TX, 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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Glft/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 (erriter a category not listed above)

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule G:	Mr. Grover G. Gmy Files		3 Filer ID (Ethics Commission Filers)		
4 Date 7/1/K	5 Payee name OI' South Brucake House				
6 Amount (\$) 27.42 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1507 University Drive Fort Worth	EMS 72107			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food / Beverage Expanse		e of Texas. Complete Schedule T. X, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought	Office held		
Date 8/4/14	Brio Tuscow Grille				
Amount (\$) 51.11 Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1431 Plaza Place Soulaide, Text	rs 74.092			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Beverage Expanse	Check if travel outsid	e of Texas. Complete Schedule T. X, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/G	Candidate / Officeholder name OH	Office sought	Office held		
Date 8/9/14	Payee name Harov Brothers				
Amount (\$) 4.32 Reimbursement from political contributions intended	Payee address; City; State; Zip Code 4709 College: 16	s, Texas, 74034			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead	Check if travel outsid	ppicS e of Texas. Complete Schedule T. X, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Mr. Grover G. "Gary" Ficker 4 of 12 4 Date 5 Payee name BACQU'S BISTYO 7 Payee address; City; State; Zip Code 7/4 Grapowick Huy Hurst, Texas 74054 6 Amount (\$) 22.92 Reimbursement from political contributions intended (b) Description 8 (a) Category (See Categories listed at the top of this schedule) Lmich **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Food/Beverage Exponse OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date 8/9/14 Krispy Kreme Danute Payee address; Amount (\$) City; State; Zip Code Grapevine, Texas 74051 3205 Ira E. Woods Reimbursement from political contributions intended (b) Description Cottoe with Commissioner Category (See Categories listed at the top of this schedule) **PURPOSE** __ Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Swiss Pastry Shop 8/9/16 City; State; Zip Code Fort Werth, Taux 76107 Payee address; Amount (\$) 3936 Vickery Blud Reimbursement from political contributions intended (b) Description Category (See Categories listed at the top of this schedule) Brookfast PURPOSE Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, 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

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Loan Repayment/Reimbursement Event Expense Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Mr. Gover G. "Fory" Fickes 5 Pavee name 4 Date Mi GOLINA 7 Payee address; 6 Amount (\$) City; State; Zip Code 1272 Man Street Southlake, Towns 74092 55.58 Reimbursement from political contributions (a) Category (See Categories listed at the top of this schedule) (b) Description Dinner **PURPOSE** Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Ace Most Supply 8/9/4 Payee address; City; State; Zip Code SLOO N. Devia Houy Holdon City, Texas 76148 Payee address; Amount (\$) Reimbursement from political contributions Category (See Categories listed at the top of this schedule) (b) Description escription Spains Check if travel outside of Texas. Complete Schedule T. **PURPOSE** EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Teddy's Bigger Burgers Date Payee address; City; State; Zip Code 4712 Colleguille Blud Colleguille, Texas 72034 Amount (\$) Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description woch PURPOSE Check if travel outside of Texas. Complete Schedule T. Food / Bevernge Expanse OF EXPENDITURE Check if Austin, TX, 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

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Mr. Gover G. "Gny Fickes 4 of 16 5 Payee name
The Bienklast Bar 4 Date 7 Payee address; City; State; Zip Code 70 Atlantic Are Long Beach, CA. 90802 6 Amount (\$) 33.88 Reimbursement from political contributions intended (b) Description 8 (a) Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Food/Beveringe Expanse **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Wildwood Grill Payee address; City; State; Zip Code
2700 E. Southlake Blad Southlake, Texas 74091 Amount (\$) Reimbursement from political contributions intended (b) Description Category (See Categories listed at the top of this schedule) Dinner **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expanse **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Italiauwi's City; State; ZipiCode
Rd Hurst, Texas 76054 Payee address; Amount (\$) 1201 Precinct live Rd 45.72 Reimbursement from political contributions (b) Description Enpowering Saulors Mechang Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expanse **OF EXPENDITURE** Check if Austin, TX, 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

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Travel In District Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Printing Expense Salaries/Wages/Contract Labor Fravel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Mr. Grover G. "Gary" Fickes 70616 4 Date 9/15/12 BACONS 7 Payee address; City; State; Zip Code 7/4 Grapevine Huy Hurst, Texas 72054 7 Payee address; 6 Amount (\$) Reimoursement political contributions intended (b) Description Breakfast Metag 8 (a) Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Food / Beverage Expanse **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH La Bistro Frill 9/15/12 Amount (\$) City; State; Zip Code Hurst, Tooks 71054 722 Grapevine Huy Reimbursement from political contributions intended (b) Description Emparating Soviers Meetings Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Food Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Furniture Consignment Gallery Payee address; City; State; Zip Code 6000 Collegeilk Blad Collegeille, Texts 76034 Amount (\$) Reimbursement from political contributions (b) Description Fundralser Crawing Hize Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas. Complete Schedule T. Solicitation/Fundatising Expanse OF EXPENDITURE Check if Austin, TX, 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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SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Fees Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Travel In District Consulting Expense Contributions/Donations Made By Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Mr. Grover G. "Bary" Fickes 5 Payee name 4 Date Black Walnut 7 Payee address: City; State; Zip Code 6 Amount (\$) 1205 Church Street Collegeille, Exps 72034 Reimbursement from political contributions intended (b) Description Meeting 8 (a) Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas. Complete Schedule T. Food / Beverage Expanse OF EXPENDITURE Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 9/5/12 Swiss Pastry Payee address; City; State; Zip Code 3932W. Vickery Fort Work, Texas 7407 Amount (\$) Reimbursement from political contributions . intended (b) Description Mechag Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas. Complete Schedule T. Food Beverage Expanse OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Esprawza's Restourant Payee address; Payee address; City; State; Zip Code 2122 N. Marw Fort Worth, Foxes 76164 Amount (\$) Relmbursement from political contributions intended (b) Description which Meeting Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Food/Beverage Expanse **EXPENDITURE** Check if Austin, TX, 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

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment		Legal Services	e Expense emorials Expense	Office On Polling E Printing I Salaries/		Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense
_		T		tion duide expian	118 110 H 10	complete this form.		
1	Total pages Schedule G:		ver G. "Gan	y" Ficker			3 Filer ID (Ethics	Commission Filers)
4	Pls/4	5 Payee nar		1				
6	Amount (\$) 52.94	7 Payee add	1	City; State; Zin		74051		
	Reimbursement from political contributions intended							
8	PURPOSE	(a) Category	(See Categories lis	sted at the top of this sch	hedule)	(b) Description		
	OF EXPENDITURE	Food/Be	everage &	pause		<u> </u>	of Texas. Complete Sched (, officeholder living expo	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/C		date / Officeho	lder name		Office sought		Office held
_	9/15/14	Payee nar	пе				Arm	ATTI
	Amount (\$) 94.00 Reimbursement from political contributions	Payee add			p Code	2054		
	political contributions intended							
	PURPOSE OF EXPENDITURE	1 1	1 /- 1	sted at the top of this sch rainly Expan		Check if travel outside	a of Texas. Complete Sched	
	Complete ONLY if direct expenditure to benefit C/C		late / Officehol	lder name		Office sought		Office held
	9/15/14	Payee nan	ne Parson	<i>U</i> \$				
	Amount (\$) 180.00	Payee add	dress; adside Dr	City; State; Zip		76053		
	Reimbursement from political contributions intended							
	PURPOSE OF EXPENDITURE	Category	1)[sted at the top of this sch	hedule)	Check if travel outside	of Texas. Complete Schedu	
	Complete ONLY if direct expenditure to benefit C/O		ate / Officehol	lder name		Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Mr. Grover G. "Fary Fickes 4 Date Sweet Spot Davite 7 Payee address; 6 Amount (\$) City; State; Zip Code Grapevine, Tours 74051 Reimbursement from political contributions ntended (b) Description 8 (a) Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expanse **EXPENDITURE** Check if Austin, TX, officeholder living expense Office held 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Payee name 10/20/12 Tom Thumb Payee address; City; State; Zip Code Amount (\$) 302 Park Blue Reimbursement from political community (b) Description Enpowering Souters **PURPOSE** Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH HEB Chamber of Commerce Payee address; City; State; Zip Code Amount (\$) Barford, TexAS 76021 P.O. Box 929 Reimbursement from political contributions intended (b) Description PURPOSE Food/Beverage Expanse Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, 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

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Mr. brower & "Fary" Fickes 11 08 12 4 Date Joe's Grabahac ress; City; State; Zip Code en Coulor Blyd Fort With, Teats 72107 6 Amount (\$) Reimbursement from political contributions intended (b) Description 8 (a) Category (See Categories listed at the top of this schedule) PURPOSE Food/Beverage Expanse Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Removo's Macarovi Grill 10/20/12 City; State; Zip Code
Fort Worth, Texas 74107 Payee address; Amount (\$) Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description Meetw4 PURPOSE Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expanse OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Howard Wargs City; State; Zip Code 3 Jul Southlake, Texas 76092 Amount (\$) Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Food/Bovernge Expanse OF EXPENDITURE Check if Austin, TX, 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

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Advertising Expense Event Expense Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District Travel Out Of District Printing Expense Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Mr. Grover G. "Gary" Fickes 12 of 14 4 Date 6 Amount (\$) 7 Payee address; City; State; Zip Code 17 Battery Place New Yor KNY 10004 7,331.50 Reimbursement from political contributions (b) Description 19465 East Sovice 8 2014 **PURPOSE** how/Foundational Exposer **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 12/19/16 Ace Mort Payee address; Payee address; City; State; Zip Code 5500 N. Daview Husy Halton Chy, Dx45 72148 Amount (\$) Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description Cups and Lids **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Office Overhead **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name HEB Grocery Amount (\$) Payee address; City; State; Zip Code Grandury, Texas 74049 3804 Huy 377 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description Doubles **PURPOSE** Food/Beverage Expanse Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, 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

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/Manas/Contract Labor

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

Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Mr. Grover G. "Fory" Fickes 5 Payee name Swiss Pustry 4 Date 6 Amount (\$) City; State; Zip Code 3932 W. Vickery Fort Worth, Texas 72107 Reimbursement from political contributions ntended (b) Description Bresk fresh 8 (a) Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expuse EXPENDITURE Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Office sought Office held Candidate / Officeholder name expenditure to benefit C/OH Payee name 12/19/14 Swulter's Payee address; City; State; Zip Code 4717 Glayville Blvd Collegville, Texas 72034 Amount (\$) Reimbursement from political contributions intended (b) Description UNCH **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expanse OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/19/12 Payee address; Amount (\$) City; State; Zip Code 305 Main Street Fort Worth, Texas 72102 Reimbursement from political contributions intended (b) Description Brooklast Category (See Categories listed at the top of this schedule) PURPOSE Food/Beverage Expanse Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, 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

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic	Fees (Food/Beverage Expense F By Gift/Awards/Memorials Expense F	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing 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 G:	Mr. brover G. "Gary" Fickes		3 Filer ID (Ethics Commission Filers)				
4 Date 12/19/K	BACON'S Bistro + Corte						
6 Amount (\$) 5/.83 Reimbursement from political contributions intended	7 Payee address; City; State; Zip C 714 Graperus Hwy Hurst, Tax	code >5 74051					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched	Check if travel outsid	de of Texas. Complete Schedule T. (X), officeholder living expense				
9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH							
12/19/LL	Chescole Factory						
Amount (\$) 52.72 Reimbursement from political contributions intended	Payee address; City; State; Zip C 455 Commerce Street Fart Wo	Code Hh, Texas 76102					
PURPOSE OF EXPENDITURE	Food / Beverage Expense	Check if travel outsid	de of Texas. Complete Schedule T. TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held				
Date 12/19/12	Payee name Posados						
Amount (\$) 44.59 Reimbursement from political contributions intended	Payee address; City; State; Zip C	ort Worth, Texas 721	37				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schede	Check if travel outside	IVEY de of Texas. Complete Schedule T. X, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertisina Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule G: 3 Filer ID (Ethics Commission Filers) Mr. Grover G. "Fory Fickes 4 Date NILKi's Italian Bisho 7 Payee address; City; State; Zip Code 5249 Davis Blvd North Richland Hills, Texas 76180 6 Amount (\$) Reimbursement from political contributions (b) Description DINNEY (a) Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Office sought Office held Candidate / Officeholder name expenditure to benefit C/OH Payee name 12/9/2 P.I. Chowas Payee address; City; State; Zip Code Amount (\$) 150 W. Hwy 114 Graperine, Texas 76051 117.38 Reimbursement from political contributions (b) Description DINNET Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Food / Beverage typeuse EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ANNA'S Mexican late 12/19/12 City; State; Zip Code Amount (\$) 1009 Check Sparger Rd Colleguille, Texas 74034 Reimbursement from political contributions Category (See Categories listed at the top of this schedule) (b) Description Lunch **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expanse OF EXPENDITURE Check if Austin, TX, 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

SCHEDULE G

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic	Fees Food/Beverage Expense By Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing 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 G:	Mr. Grover G. "Gry" Fickes		3 Filer ID (Ethics Commission Filers)					
4	12/19/K	5 Payee name HEB Grocery							
6	Amount (\$) 70.38 Reimbursement from political contributions intended	7 Payee address; City; State; Zip of 2150 Washing to Sheet Stephen	code ille, Teurs 74401						
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche	Check if travel outsid	(b) Description Develop Hunt Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
9	Complete ONLY if direct expenditure to benefit C/6	Candidate / Officeholder name OH	Office sought	Office held					
	Date 12/29/16	Payee name Threet							
	Amount (\$) 475.00 Reimbursement from political contributions intended	Payee address; City; State; Zip 1401 W. blade Road Euless	Code Lexas 76039						
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche Giff/Awards/Manorial Saper	Check if travel outsid	e of Texas. Complete Schedule T. X, officeholder living expense					
	Complete ONLY 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						
	Reimbursement from political contributions intended								
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche	Check if travel outsid	e of Texas. Complete Schedule T. K, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought	Office held					
_	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								