CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Box 12070

FORM C/OH COVER SHEET PG 1

The C/OH instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST	Q MI	OFFICE USE ONLY
NAME	Mr. George		Date Received
	Mackey	SUFFIX	1011 1011
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	Date Hand-deliveretion Postmarked
change of address			Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	mrs. Paula	Мі	Date Imaged
	Mrs. Paulu NICKNAME LAST Mackey	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #:	CITY: STATE:	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 12 / 31	/ 2013
11 ELECTION	Month ELECTION DATE Primary 03/04/2014 ELECTION TYPE Primary	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known Tarrant Criminal	County District Attorney
	GO TO PAG	GE 2	

(512) 463-5800

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

14 C/OH NAME G	eorge B	. Mackey	5 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAI HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAND ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	NDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	'	
	SPECIFIC	COMMITTEE ADDRESS	TARR 2014 JA ST ELECTIO
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	ANT OF SAFAN
		COMMITTEE CAMPAIGN TREASURER ADDRESS	DUNTY
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	
-		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 11, 400.00
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM	IIZED \$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 30,754.19
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D DRTING PERIOD	\$ 18,886.50
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T BY OF THE REPORTING PERIOD	* 15,000.00
18 AFFIDAVIT	JANENE SHAW My Commission Ex November 21, 20	is true and correct and includes all me under Title 15, Election Code. See See See See See See See See See Se	perjury, that the accompanying report information required to be reported by MacL didate or Officeholder
Sworn to and subs	scribed before	11	this the ny hand and seal of office.
Signature of officer admi	MW nistering oath	TANENE SHAW Printed name of officer administering oath	NOTAKY PUBLIC Title of officer administering cath

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A: 1/8		
2 FILER NAME	George B. Mackey		3 ACCOUNT # (Ethics Commission Filers)		
4 Date 1-13	5 Full name of contributor □out-of-state PAC (ID#:_ Mark Shelton		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
P	6 Contributor address; City; State; Zip Code 1355 Mistletoe I		P250.00		
	Fort Worth, TX 7	6110	(If travel outside of	ı pt _⊣ Texas, re omplete <u>Ş</u> chedule T)	
9 Principal occup	oation / Job title (See Instructions)	10 Employer (See I	Instructions)	TARI DINJ ECT	
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	Inskind contribution description (if applicable)	
7-1-13	Mice Maloney Contributor address: City; State; Zip Code 100 Austin Ave., Su	ite 101	\$100.00	PAR PAR	
	weatherford, TX 70	008 G	(If travel outside of	of Texas, complete Schedule T)<	
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	22 0	
Date	Full name of contributor 🗆 out-of-state PAC (ID#:_ Name of contributor 🗆 out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)	
7-3-13	PO BOX 40053		\$250.00		
	Fort Worth, TX 74	140	(If travel outside of	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
1-11-13	Dam'el Young Contributor address; City; State; Zip Code 3901 Race St.		\$125.00		
	Fort Worth, TX 7	6111	(If travel outside o	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	.,	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution	
7-15-13	Barry Johnson Contributor address; City; State; Zip Code 3401 Lawndale		\$ (00.00	description (if applicable)	
	Fort Worth, 7x-	74133	(If travel outside o	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Scho	edule A: 2/8
2 FILER NAME	George B. Macker	1	3 ACCOUNT # (Et	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
8-14-13	Michael Dean 6 Contributor address; City; State; Zip Code 8017 MISTY Train	/ /	\$50.00	m
	Fort Worth, TX	76123	(If travel outside o	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	Instructions)	RRA JAN STE
Date	Full name of contributor out-of-state PAC (10#_ Denise Goldstein	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
8-14-13	Denise Goldstein Contributor address; City; State; Zip Code PO BOX 211643		\$50.00	
	Bedford, TX 760	045	(If travel outside o	f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	Instructions)	
Date	Full name of contributor uut-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
8-16-13	Gary Martin Contributor address; City; State; Zip Code PO BOX 91588		\$2,500.00	•
	Arlington, TX 7	6015	(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
9-30-13	Contributor address; City; State; Zip Code Slay Golden Lame	· · · · · · · · · · · · · · · · · · ·	\$500.00	
		76123	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
9-30-13	Tracy Hord Contributor andress; City; State; Zip Code PD BOX 424		\$120.00	
	Hagerman, NM 9	30737	(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Scho	edule A: 3	8
2 FILER NAME	George B. Macke	4	3 ACCOUNT # (Et	thics Commission	Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:_ Sun Juan Becer	a	7 Amount of contribution (\$)	_	ontribution if applicable)
10-5-13	6 Contributor address; City; State; Zip Code 5328 WENTWOVT	_	\$100.00		
	Fort Worth, Tx	76132	(If travel outside o	Texas, complete	Schedule I)
9 Principal occup	oation / Job title (See Instructions)	10 Employer (See I	nstructions)	C. 5	
Date	Full name of contributor out-of-state PAC (ID#_ David Rosenthal)	Amount of contribution (\$)	description (ontribution if applicable)
10-7-13	Contributor address; City; State; Zip Code 8302 Indiana HU	e., Suite 11	\$1,000.00	1 50 72 1 2 4 1	
	Lubbock, TX 7942	3	(If travel outside o	f Texas, complete	Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See I	nstructions)		
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)		ontribution if applicable)
10-5-13	Elouise Kennedy contributor address; City; State; Zipkode 7504 Mapleleaf D	 r .	\$100.00	Hosti	1
	North Richland Hill	5,TX76182	(If travel outside o		
Principal occup	eation / Job title (See Instructions)	Employer (See I			
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)		ontribution if applicable)
10-18-13	0 410 1/2/1000000	ane	\$176.44	thost	ed at
	Bedford, 7x 7602) 1	(If travel outside o	of Texas, complete	Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		ontribution (if applicable)
10-22-13	Elouise Kennedy contributor address; city; state; zid code 7504 Mapleleat D North Richland Hills,	or. T× 76182	\$100.00		
Principal occup	pation / Job title (See Instructions)	Employer (See I	Instructions)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A: 4/8
2 FILER NAME	George B. Mack	ey	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor □out-of-state PAC(ID#:_ Number Wilson - Webb 6 Contributor address; City; State; Zip Code 3716 FOXhollow		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
1129213	3714 FOXHOLLOW FORHOLLOW TOUTH, TX 7410		7150.00	
	1017 WOVIN, 1x 1610	9	(If travel outside of	of Jexas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	Instructions)	TAR
Date	Full name of contributor out-of-state PAC (ID#_ Karen)	Amount of contribution (\$)	In-kind contribution description (if applicable)
11-13-13	Contributor address; City; State; Zincode 2408 H. Garden Park	ct.	\$50.00	PM 2
	Arlinaton, TX 700	1/3	//f torong andaide	a warming
Principal occup	pation / Job title (See Instructions)	Employer (See I		f Texas, complete Schedule T
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of	In-kind contribution
11-14-13	Bill Burdock Contributor address; City; State; Zip Code 714 5, Saginaw		\$100.00	description (if applicable)
	Saginaw, TX 76	179	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor		Amount of	In-kind contribution
** 10	Gary Reisor		contribution (\$)	description (if applicable)
11-14-13	Gary Rusor Contributor address; City; State; Zip, Code 8105 Sun Meadou Fort Worth, TX 70	is Ct.	\$125.00	
	Fort Worth, TX 70	4123	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
11-14-13	Nava Reisor Contributor address; City; State; Zip Code 8105 Sun Meador	ws Ct.	\$125,00	description (if applicable)
	Fort Worth, TX 74	123	(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A

The I	nstruction Guide explains how to complete this	form.	1 Total pages Sch	edule A: 5/8
2 FILER NAME	Beorge B. Mackey		3 ACCOUNT # (E	thics Commission Filers)
	Full name of contributor out-of-state PAC (ID#:_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
11-19-13	6 Contributor address; City; State: Zip Code 3409 Club gate DV	· ,	\$50.00	
	Fort Worth, 1x	14137	(If travel outside	Texas, complete Schedule T)
9 Principal occupa	tion / Job title (See Instructions)	10 Employer (See	nstructions)	ARP Ection
Date	Full name of contributor out-of-state PAC (ID#_	5	Amount of contribution (\$)	In kind contribution description (if applicable)
11-22-13	Contributor address; City; State; Zip ode 209 Genesco Rd	- 1	\$1,000.00	PH 2
	San Antonio, TX	78209	(If travel outside o	of Texas, complete Schedule T)
Principal occupa	tion / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#_ Donna Smied+)	Amount of contribution (\$)	In-kind contribution description (if applicable)
11-27-13	Contributor address; City; State; Zip Code	6016	\$250.00	
Principal occupa	tion / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Frincipal occupa	audi / 30b title (Ose maracions)	Employer (ede :		
Date	Full name of contributor out-of-state PAC (ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12-3-13	Gary Martin Contributor address; City; State; Zip Code PO BOX 91588	016	\$500.00	
	Arlington, TX 76	015	(If travel outside o	of Texas, complete Schedule T)
Principal occupa	ition / Job title (Sé e Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
12-4-13	Optovrest N. 7144 Contributor address; City; State; Zip Code 1701 River Run Rd.	Ste. 1005	\$500,00	
	Fort Worth, TX	14107	(If travel outside o	of Texas, complete Schedule T)
Principal occupa	tion / Job title (See Instructions)	Employer (See	Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A: 6/8
2 FILER NAME	George B. Macke	4	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
12-4-13	6 Contributor address; City; State; Zip Code		\$500.00	
	Arlington, TX	76004	(If travel outside of	of Jexas, complete Schedule T)
9 Principal occup	pation / Job title (Se e J hstructions) ^t	10 Employer (See	Instructions)	ECTION ARK
Date	Full name of contributor uut-of-state PAC (ID#:_)	Amount of contribution (\$)	In kind contribution
	Roager tanerty)	
12-5-13	Contributor address; City; State; Zip Code, 4115 Linkmeadow		\$100.00	PH 2
	Aledo, TX 76009	8	(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		30 4-
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12-5-13	510001.0001.	e	\$100.00	
	Fort Worth, TX	76123	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12-5-13	Contributor address; City; State; Zip Code PD BOX 2873	S	\$500.00	
	Burleson, TX 70	0097	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See i		Toxac, complete Galledge 1)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12-5-13	Contributor address: City, State; Zip Code 5125 Birchman		\$200.00	Hosted
	51000	14107		EVENT
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A: 7/8
2 FILER NAME	George B. Mack	cey	3 ACCOUNT# (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:_ Bill Mendrop 6 Contributor address; City; State; Zip Code 1917 BASSWOOD		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10-11			\$100.00	
9 Principal coour	Weatherford, TX			of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#_ Anne Holland		Amount of contribution (\$)	In-kind contribution description (if applicable)
12-10-13	Hnne Holland Contributor address; City; State; Zip Code PO BOX 2463		\$1,000.00	JAN
	Fort Worth, TX	76113	(If travel outside o	f Texas, complete Schedule T)
Principal occup	oation / Job title (See Instructions)	Employer (See		
Date	Full name of contributor out-of-state PAC (ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12-21-13	Eduardo Canas Contributor address; City; State; Zip Code 1441 N. Main St.		\$250.00	
	Fort Worth, TX 7	6164	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	·	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Hrmando Mores	>	(e)	doscription (ii applicasio)
122113	Contributor address; City; State; Zip Code 1441 N. Main 5+		\$250.00	
		76164	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		, , , , , , , , , , , , , , , , , , ,
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12-23-13	Contributor address; City; State; Zip Code	ine	\$500.00	
	Fort Worth, TX	74123	(If travel outside o	of Texas, complete Schedule T)
Principal occup	oation / Job title (See Instructions)	Employer (See I		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A

The Instruction Guide explains how to complete this	form.	1 Total pages Sch	nedule A: S/8
2 FILER NAME GEOVGE B. Mack	cey	3 ACCOUNT # (E	thics Commission Filers)
5 Full name of contributor out-of-state PAC(ID#:	e., Apt. D	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
FORT WORTH, 1x	76107	(If travel outside	of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date Full name of contributor 🔲 out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			TARR, 2014 JAN STE
		· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule-T)
Principal occupation / Job title (See Instructions)	Employer (See I	nstructions)	9 の 当
Date Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See	Instructions)	
Date Full name of contributor ☐ out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside	 - of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See		
Date Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution
		contribution (\$)	description (if applicable)
Contributor address; City; State; Zip Code			1
Contractor address, Chry, Care, Elp Code			I
			1
		(if travel outside	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F

EXPENDITURE	CATEGORIES FOR BOX 8(a)
norials Expense	Salaries/Wages/Contract Labor

Advertising Expense Accounting/Banking Consulting Expense **Event Expense**

Gift/Awards/Men Legal Services

P.O. Box 12070

Food/Beverage Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Travel In District

Travel Out Of District Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.					
1 Total pades Schedule F:	2 FILER NAME GEORGE B. Ma	ckey !	3 ACCOUNT#(Ethics Commission	Filers)
1-5-13	Out of Nowhere				
6 Amount (\$)	7 Payee address; City; State; Zip Code	<+.			
420,30	Fort Worth, TX 76				
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If trave	4 1		
EXPENDITURE	rees	Email	nonce	<u>es</u>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought		Office held	
Date 7-8-13	Payee name ViStapvint COM Payee address; City; State; Zip Code			Property of the Control of the Contr	
Amount (\$)	Payee address; City; State; Zip Code		Y :	ZOII	
790.25	95 Hayden Ave.	21/21		50 4	Ž,
		2421		35 Z	<u> </u>
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel	_	omplete Schedule 1)	
EXPENDITURE	Printing Expense Candidate / Officeholder name		nery	Office held	20
Complete ONLY if direct expenditure to benefit C/C		Office sought	•	<u> </u>	Section of the sectio
1-22-13	Payee name Chip Pierce Photo Payee address; City: State; Zip Code	ography	- designation of the second	3 4	~
Amount (\$)	Payee address; City; State; Zip Code				
\$100.00	1608 Steinburg L Fort Worth, TX	14134			
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If trave	outside of Texas, c	omplete Schedule T)	
EXPENDITURE	rees	Photogra	phy	service	25
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	, ,	Office held	
Date	Payee name				
8-2-13	Ground Game				
Amount (\$)	Payee address; Gity; State; Zip Code OV CNOVO	L Dr.			
71,500.00	Fort Worth, TX	76123			
PURPOSE OF EXPENDITURE	Consulting Expense	Description (If trave	. ^	omplete Schedule T)	n
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED		

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES FOR BOX 8(a) Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Legal Services Solicitation/Fundraising Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Polling Expense Travel Out Of District Candidate/Officeholder/Political Committee Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F:	2 FILER NAME GEOVGE B. Mackey 3 ACCOUNT # (Ethics Commission Filers)
4 Date 8-3-13	5 Payee name Ground Game
6 Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code, S420 Old OVChard DV, Fort Worth, TX 76123
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense (b) Description (If travel outside of Texas, complete Schedule T) Voter information
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeho lde r name Office sought Office held H
8-24-13	Payee name Slen Bucy
\$5,000.00	Fort Worth, Tx 74123
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense Candidate / Officeholdename Description (If travel outside of Texas, complete Schedule) Consulting Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O	
8-28-13	Glen Bucy
\$2,000.00	Payee address; Old Orchard Dr. 5420 Old Orchard Dr. Fort Worth, TX 7673
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) Consulting
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholde name Office sought Office held
Date 94-13	Images Added
421.43	Payee address; City: State: Zip Gode 4080 Hulen Bend Blvd. Fort Worth, TX 74132
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) Printing
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Office holder name Office sought Office held OH
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundr	Contract Labor Loan Repayme	nt/Reimbursement
Accounting/Banking Consulting Expense	Food/Beverage Expense Travel In District	Contributions/D	Equipment & Related Expense onations Made By
Event Expense Fees	Polling Expense Travel Out Of Di- Printing Expense Office Overhead/		Officeholder/Political Committee a category not listed above)
	The Instruction Guide explains how to	•	,
1 Total pages Schedule F:	2 FILERNAME B. Maca	CEU 3 ACCOL	JNT # (Ethics Commission Filers)
4 Date	5 Payee name		
9-6-13	Out of Nowhere	ಲ	
\$100.13	7 Payee address; City, State; Zip Code 1108 W, Jessum	ine St.	
1100.13	Fort Worth, TX	76110	
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of	
EXPENDITURE	rees	Internet s	services
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name	100 100 100 100 100 100 100 100 100 100	
9-12-13	Payee address; City; State; Zip Code		70 IA
Amount (\$)	Payee address; City; State; Zip Code Po Box 55000		ARR AJA STIG
4162.20		255-2745	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of	Texas, complete Schedule T)
OF EXPENDITURE	Advortising Expense	Pens	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder pame	Office sought	Office held
			<u> </u>
9-17-13	B+B Conumero	ial Printi	ng
Amount (\$)	Payee address; City; State; Zip Code		٠
9173.20	Sol Si Si Ave	76063	
	manstiela, 1x	Description (If travel outside of	Toyan complete Schodule T)
PURPOSE OF	Category (See categories listed at the top of this schedule)		rexas, complete scriedule 1)
EXPENDITURE	Howevising Expense	2 Printing	Office held
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder naphe	Office sought	Office held
Date	Payee name	Di Hin	
9-20-15	B+B Commercia	1 trinting	
Amount (\$)	Payee address; City State; Zip Code		
7568.31	mansfield TX -	16063	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of	Texas, complete Schedule T)
OF EXPENDITURE	Havertisina Expense	Printina	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/			
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED	

P.O. Box 12070

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Co	ontract Labor Loan Repayme	ent/Reimbursement
Accounting/Banking	Legal Services Solicitation/Fundra	• ,	Equipment & Related Expense
Consulting Expense	Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis		Donations Made By Officeholder/Political Committee
Event Expense Fees	Polling Expense Travel Out Of Dis Printing Expense Office Overhead/F		a category not listed above)
	The Instruction Guide explains how to	,	- Satisfory Het Heter Gastrey
1 Total pages Schedule F:	2 FILER NAME		UNT # (Ethics Commission Filers)
4/10	George B. Macic	ey	
9-27-13	Dassic Graphics		
6 Amount (\$)	7 Payee address; City; State; Zip Code	^	
\$122.03	3021 Ramona Dr	•	
1100103	Fort Worth, TX	76116	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of	f Texas, complete Schedule T)
OF EXPENDITURE	Advertising Expense	TShirt	
	Provide Company	1-2/11/15	Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder flame	Office sought	Office held
CAPCHICAGO TO DEHERI O/O			
Date	Payee name		B) EL 2
10-2-13	Glen Bucy		
Amount (\$)	Payee address; City; State; Zip Code	$\mathcal{D}_{\mathcal{C}}$	TIE AND
\$2 00	5420 Old Ovehard	- DV,	ZM 2 2_
4300.00	Fort Worth, TX 7	16123	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of	
OF	Advantising Evapores	Tinterinet	SOKA BED
EXPENDITURE	Havertising Expense	201101101	305 184 T
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officehold er n ame H	Office sought	Coffice heid ☐
			5 F
Date	Payee name		
10-3-13	Danwal, Inc.		
Amount (\$)	Payee address; City,' State; Zip Code	: South	
\$< 1100 17	12404 4 md, 133	,) 9 (, ,	
-5144 11 1	Tyler, TX 7570	3	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of	Texas, complete Schedule T)
OF	Advertising Expense	Sians	
EXPENDITURE	11000 112110 012	015/13	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name **H	Office sotight	Office held
Date 10-7-13	Danwal, Inc.		
Amount (\$)	Payee address; City; State; Zip Code	SWH	
\$22/10	12404 AWY, 155	20019	
1234.58	Tyler, TX 757	<i>0</i> 3	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of	Texas, complete Schedule T)
OF EXPENDITURE	Mayortising Expanso	1 / 1 am Or i am	materials
	Candidate (Office halds	Campaign	71WI OTWIS
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder Jame '	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

P.O. Box 12070

	EXPENDITURE	CATEGORIES	FOR BOX 8(a)				
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co			nt/Reimburseme		naa
Accounting/Banking Consulting Expense	Legal Services Food/Beverage Expense	Solicitation/Fundra Travel In District	ising ⊨xpense		Equipment & Rela Conations Made E		ense
Event Expense	Polling Expense	Travel Out Of Dist	rict		fficeholder/Politi		nittee
Fees	Printing Expense	Office Overhead/R	Rental Expense	OTHER (enter	a category not lis	sted abov	e)
	The Instruction Guide						
1 Total pages Schedule F:	2 FILER NAME GEOVE	e B. W	lacker	3 ACCOL	JNT # (Ethics Co	mmission	Filers)
4 Date 10 - 8 - 13	Fast Sign			181			
6 Amount (\$)		ate; Zip Code					
\$63.77	1 4901 3, HU	len	7613	$\overline{}$			
o PURPOSE	(a) Category (See categories listed at the to	p of this schedule)	(b) Description		Texas, complete Sci	hedule T)	
8 PURPOSE OF	A				∞ m		
EXPENDITURE	Howevising	Expense	2191	15	<u> </u>	2011	=
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder nache	, '	Office sough	t	Office	held	33
experialture to belieft C/O	7.0				5	Harrison Marrison Marrison	$\frac{2}{2}$
Date 10 -9-13	Payee name Glen Bucu	1			22	G	
Amount (\$)		ate: Zin Code	1		201 m		00
\$112119	1 5420 Old	Orchai	rd Dr.		50	rs	of Greek
11,121.11	Fort Worth	1, Tx	7612		<u> </u>	ू	<
PURPOSE	Category (See categories listed at the to	p of this schedule)	Description	(If travel outside of	Texas, complete Sci	hedule T)	
OF EXPENDITURE	Consulting A	X Dense	P. Fee	0	,		
Complete ONLY if direct	Candidate / Officeholder rame	o Aponso	Office sough	t	Office	held	
expenditure to benefit C/O							
Date	Payee name				-		
10-9-13	Glen Buch	1					
Amount (\$)	Payee address; City; St	te: Zip Code	1 7	^			
411 200 00	5420 Old	Orena	rd Di	C_{ℓ}			
74,000.00	Fort Wort	h. TV	760	23			
PURPOSE	Category (See categories listed at the to	pp of this schedule)		(if travel outside of	Texas, complete Sc	hedule T)	
OF	Advertising E	XMMSP.	Sign	mat	eria	l<	
EXPENDITURE	170 VEV [15] NO C	Maria Contraction of the Contrac	Office sough		Office		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder hame		Office sough		Onice	- Heid	
Date	Payee name	-			/		
10-9-13	Barbarat	ason					
Amount (\$)	Payee address; City; Si	tate; Zip Code	/- .				
File an	0305 Jarga	rin					
170.00	Fort Worth	$7\times$	7613	3			
PURPOSE	Category (See categories listed at the to	p of this schedule)	Description	(If travel outside of	Texas, complete Sc	hedule T)	
OF EXPENDITURE	Event Expen	5e	Food of	OV VO	lunter	ers	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH)	Office sough	nt	Office	held	
	ATTACH ADDITIONAL O	OPIES OF THIS	SCHEDULE AS	NEEDED			

P.O. Box 12070

	EXPENDITURE	CATEGORIES FOR BOX 8	B(a)	
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbu	
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment	
Consulting Expense	Food/Beverage Expense	Travel In District Travel Out Of District	Contributions/Donations N Candidate/Officeholde	
Event Expense Fees	Polling Expense Printing Expense	Office Overhead/Rental Expense		
, 555	• •	explains how to complete this	,	,
1 Total pages Schedule F:	2 EILER NAME			nics Commission Filers)
6/10	George B.	Mackey		
4 Date	5 Payee name	whom		
10-14-13	7 Payee address; City_Sta	te: Zin Code		
6 Amount (\$)	7 Payee address; City Sta	scamines	t .	
\$10.37	(6.64 11)			
	FORT WORTH,		0	
8 PURPOSE OF	(a) Category (See categories listed at the top	of this schedule) (b) Descrip	tion (If travel outside of Texas, comp	olete Schedule T)
EXPENDITURE	rees	Int	ernet sen	vices
9 Complete ONLY if direct	Candidate / Officeholder name	Office so	ought ::: r	Office held
expenditure to benefit C/O	DH		39 	7) 2011
Date /	Payee name			
10-14-13	tast Sian	S		
Amount (\$)	Payee address; City Sta	te; Zip Code	:	25(7)
4, 2,	4901 S. Hu	ilen St.		물론 일 경반
463.77	Fort unoth	TX 1613	2.2	E8 7 90
	Category (See salessories listed at the		tion (If travel outside of Texas, comp	Carbodulos Alex
PURPOSE OF	Category (See categories listed at the top	or this schedule) Descrip	LIOIT (IT Travel outside of Texas, comp	Diete Schedule 17)
EXPENDITURE	HOWERTISINA E	xpense >1	9115	9 2
Complete ONLY if direct	Candidate / Officeholder name	Office s	aught .	Office held
expenditure to benefit C/O	ЭН		· · · · · · · · · · · · · · · · · · ·	
Date	Payee name	. ^		
10-16-13	John Sons	Press		
Amount (\$)	Payee address; City; Sta	te; Zip Code		
4-11-11	3300 S. Fr	reeway		
7241.41	Inst Innul	1.TX 76	117	
	Cotogogy (See selection Trial		tion (If travel outside of Texas, comp	olata Schadula T\
PURPOSE OF	Category (See categories listed at the top			
EXPENDITURE	trinting Expe	nse cur	upaign M	aterions
Complete ONLY if direct	Candidate / Officeholder name	Office so	ought J	Office held
expenditure to benefit C/O	DH			
Date	Payee name	\cap		
10-16-13	National 1	Pen		
Amount (\$)		te; Zip Code		
4 = 3	1 /1 /// / -	000		
7181.70	Data 1 m	ilan <	_	
	DEIVOIT, M	1 4040	>	
PURPOSE OF	Category (See categories listed at the top	of this schedule) Descrip	tion (If travel outside of Texas, comp	plete Schedule T)
EXPENDITURE			W <	
270 211211311	HOWEV-H3INA E	XDENSEL PE		
Complete ONLY if direct	HOWEVHSING E Candidate / Officeholder hame	XPENSE PE	pught	Office held
		XPENSE! PE	bught	Office held
Complete ONLY if direct	ОН	OFFICE SCHEDULE		Office held

P.O. Box 12070

	EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense		
Consulting Expense	Food/Beverage Expense Travel In District Contributions/Donations Made By		
Event Expense	Polling Expense Travel Out Of District Candidate/Officeholder/Political Committee		
Fees	Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.		
1 Total pages Schedule F:			
7//0	2 FILER NAME GEORGE B. MACKEY 3 ACCOUNT # (Ethics Commission Filers)		
4 Date 10-17-13	5 Paves name Glen Bucy		
6 Amount (\$)	7 Payee address; Old Overhard DV,		
4457.27	Fort Worth, TX 76123		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Advertising Expense Signs		
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Office holder name Office bought Office held		
Date	Payee name 500 m		
10-21-13	Staples F = =		
Amount (\$)	Payee address; City; State; Zip Code		
\$19.87	5650 Overton Ridge DIVa.		
	fort Worth, 1x 14132		
PURPOSE OF	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complète Schedule T)		
EXPENDITURE	HOWERTISING Expense Office Supplies		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholde name Office sought Office field		
Date	Payee name		
10-23-13	B+B Commercial Printing		
Amount (\$)	Payee address; City; State; Zip Code		
\$129.90	mansfield TX 16063		
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Advertising Expense Campaign materials		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Office holddr name Office sought Office held		
Date .	Payee name		
11-8-13	Glen Bucy		
Amount (\$)	Payee address; City; State; Zip Code		
4855.73	5420 Old Orchard Dr.		
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Advertising Expense aumora in materials		
Complete ONLY if direct expenditure to benefit C/0	Candidate / Office holder name Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District	Loan Repayment/Rei Transportation Equipr Contributions/Donatio	ment & Related Exper	
Event Expense Fees	Polling Expense Printing Expense	Travel Out Of District Office Overhead/Rental Expense	Candidate/Officehoren OTHER (enter a cate	older/Political Comm gory not listed above	
		explains how to complete this			
1 Total pages Schedule F:	2 FILER NAME GEORGE	B. Mackey	3 ACCOUNT#	(Ethics Commission I	Filers)
4 Date 13	5 Payee name Staples				
6 Amount (\$)	7 Payee address; City; Sta	ate; Zip Code ton Ridge;	Rlvd.		
4344.90	5650 Over	7× 7613	2		
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule) (b) Description	n (If travel outside of Texas,	complete Schedule T)	
OF EXPENDITURE	Dolicitation/Fund	drabing Off	ice Sup	<u>plies</u>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sou	ght 35	Office held	man
Date 11-8-13	Payee name United Sta	tes Postal	Service	SIE A	ARR,
Amount (\$)	Payee address; City; Sta	ate; Zip Code LTVIN R	d.		<u>></u> 7
\$184.00	Fort Wort	— · · ·	1132		35
PURPOSE	Category (See categories listed at the top		n (If travel outside of Texas,		only day
OF EXPENDITURE	Bolicitation /Fun	draising Pos	tage	i i	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sou	ght	Office held	
Date 11-9-13	Payee name Tarraut Co	unta Repub	olican t	arty	
Amount (\$)	DILNE GIVE	ate; Zip Code		1	
71,250.00	Fort Worth	n, TX 7611	8		
PURPOSE OF	Category (See categories listed at the top	p of this schedule) Description	on (If travel outside of Texas,	complete Schedule T)	
EXPENDITURE	rees	Filina	itee tor	prima	M
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sou	g/ht	Office held	
Date 11-16-13	Payee name B+B Com	mercial Pr	intina		
Amount (\$)	Payee address; City; Sta	ate; Zip Code			
743.30	mansfield,	TX 7606	3		
PURPOSE OF	Category (See categories listed at the lop	o of this schedule) Description	n (If travel outside of Texas,	complete Schedule T)	
EXPENDITURE	Itavertising Ex	pense can	upaign	MUTCHI	a
Complete <u>ONLY</u> if direct expenditure to benefit C/6	Candidate / Officeholder name OH	Office sou	ght'	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Co		
Accounting/Banking Consulting Expense	Legal Services Solicitation/Fundrai Food/Beverage Expense Travel In District	Ising Expense Transportation Equi Contributions/Dona	pment & Related Expense
Event Expense	Polling Expense Travel Out Of Dist		eholder/Political Committee
Fees	Printing Expense Office Overhead/R	ental Expense OTHER (enter a ca	tegory not listed above)
	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F:	2 FILER NAMEGEOVGE B. Mac	Key 3 ACCOUNT	# (Ethics Commission Filers)
4 Date 11-27-13	John Sons Press	5	
6 Amount (\$)	7 Payee address; City: State; Zip Code		
311000	3300 S. Freewa	~	
7168.87	Fort Worth, TX	76110	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texa	s, complete Schedule T)
OF EXPENDITURE	Printing Expense.	Campaign M	naterial
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	PH		
Date	Payee name	*	2
12-1-13	Home Depot	** **	7/ 2011 LEC:
Amount (\$)	Payee address; City; State; Zip Code	2 _ 3	5 S
\$90.73	14850 SW LOOP &	5-0	FO E B
790,13	Fort Worth TV 7	6109	5 5 5
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texa	s, complete Schedule T)
OF	NAVOISTIE LA EXORNER	Sian mate	AF BO
EXPENDITURE	Goddida (Stabalda and		NICK -
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	5		
12-4-13	United States +	ostal Service	e
Amount (\$)	Payee address; City; State; Zip Code	\triangleright 1	
\$230.00	1101 Organos Irvin	Rd.	
430.00	Fort Worth, TV	76132	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texa	s, complete Schedule T)
OF EXPENDITURE	Advertising Expense	Hostage.	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	н		
Date .	Payee name 1 1 1		
12-7-13	Darrell Whitsel	1 Horist	
Amount (\$)	Payee address; City; State; Zip Code /		
4000	1506 W. Magnol	12	
718,97	Fort Worth	Thinu	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas	s, complete Schedule T)
OF EXPENDITURE	GiG	GIST	
	Candidate / Officeholder name	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/C		Onice sought	Office field
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F

Accounting/Banking	Legal Services Solicitation/Fundraising Expense Travel In District Capor Contributions/Donations Made By
Consulting Expense Event Expense	Polling Expense Travel Out Of District Candidate/Officeholder/Political Committee
Fees	Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F:	2 FILED NAME O 10 10 10 10 3 ACCOUNT # (Fthics Commission Filers)
10/10	George D. Maucey
4 Date 12-7-13	5 Payee name Glen Bucy
\$ Amount (\$) \$1,500.00	7 Payee address; State: Zip Code Dr. S420 Old Ovchard Dr.
71,500.00	Fort Worth, TX 76123
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Consulting expense ree
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Office helder name Office sought COffice held OH
Date 12-14-13	Texas Conservatives Unite
Amount (\$)	Payee address; City; State; Zip Code 1921 Stone hill Dr.
\$1519.99	Fort Worth, TX 76247
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising Expense Candidate Fair
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder ame Office sought Office held OH
Date 12-18-13	Payee name Home Depot
Amount (\$)	Payee address; City; State; Zip Code 820
4116.65	Fort Worth, TX 74109
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising Expense Sign materials
Complete ONLY if direct expenditure to benefit C/C	Candidate / Office holder lame Office sedght Office held OH
	•
expenditure to benefit C/C	ОН
expenditure to benefit C/O	Payee name
Date Amount (\$) PURPOSE OF	Payee name Payee address; City; State; Zip Code Category (See categories listed at the top of this schedule) Candidate / Officeholder name Office sought Office held

EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

P.O. Box 12070

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES FOR BOX 8(a) Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Polling Expense Travel Out Of District Candidate/Officeholder/Political Committee Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule G:	² FILER NAME GEORGE B. Mackey ³ ACCOUNT # (Ethics Commission Filers)
4 Date 12-17-13	Tarrant County Republican Party
6 Amount (\$) 7 00 00 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2405 Gravel Dr. Fort Worth, TX 76118
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense Candidate Tables
Date 11-23-13	Payee name Pizza Hut
Amount (\$) \$93.00 Reimbursement from political contributions intended	Payee address; City; State; Zip Code 6445 MCCart Fort Worth, TX 74133
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food Expense Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) Food For Volunteevs
Date 11-22-13	Payee name Albertsons
Amount (\$) \$ 50 .9 7 Reimbursement from political contributions intended	Payee address; City: State; Zip Cpde 7400 Oakmont Fort Worth, TX 74132
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD Expense Refreshments for Volunte
Date 10-7-13	Dollar Tree Stores, Inc.
Amount (\$) Amount (\$) Reimbursement from political contributions intended	Payee address: City; State; Zip Code 6214 Hulen Bend Blrd. Fort Worth, TX 74132
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Event Expense Supplies
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Texas Ethics Commission P.O. Box 12070

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/F Food/Beverage Expense Travel In Dis Polling Expense Travel Out C Printing Expense Office Overh	les/Contract Labor Lundraising Expense Trict Contract Expense Contract Exp	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule G:	The Instruction Guide explains ho		
4 Date 7-11-13	5 Payee name Tarrant County		ns
6 Amount (\$) \$ 1, 40 Reimbursement from political contributions	7 Payee address; City; State; Zip Cod 2700 Premier Fort Worth, TX		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fee	(b) Description ((If travel outside of Texas, complete Schedule T)
Date 11-20-13	100	Tection	(S
Amount (\$)	Payee address; City; State; Zip Cod Premi ev	S+.	
political contributions intended	Fort Worth, 1x	76/11	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		(If travel outside of Texas, complete Schedule T) - Information
Date	Payee name		30 170
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Coo	le	TARRA 2011 JAN LECTIONS A
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas; complete Schedule IT
Date	Payee name		410R
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Cod	е	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			