

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: <div style="font-size: 2em; text-align: center;">11</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <i>Mr. George B.</i> NICKNAME LAST SUFFIX <i>Mackey</i>	<div style="border: 1px solid black; padding: 5px;"> OFFICE USE ONLY <div style="display: flex; justify-content: space-between;"> <div style="font-size: 0.8em;">Date Received</div> <div style="font-size: 0.8em;">2014 JUL 15 11 09 AM</div> </div> <div style="font-size: 0.8em; text-align: center;"> RECEIVED ELECTIONS DIVISION STATE OF TEXAS TARRANT COUNTY </div> <div style="font-size: 2em; font-weight: bold; text-align: center;">FILED</div> </div> <hr/> <div style="font-size: 0.8em;">Date Hand-delivered or Postmarked</div> <hr/> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div>Receipt #</div> <div>Amount</div> </div> <hr/> <div style="font-size: 0.8em;">Date Processed</div> <hr/> <div style="font-size: 0.8em;">Date Imaged</div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
5 CANDIDATE / OFFICEHOLDER PHONE	ENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <i>Mrs. Paula A.</i> NICKNAME LAST SUFFIX <i>Mackey</i>		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE			
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"><input type="checkbox"/> January 15</div> <div style="width: 25%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 25%;"><input type="checkbox"/> Runoff</div> <div style="width: 25%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</div> <div style="width: 25%;"><input type="checkbox"/> July 15</div> <div style="width: 25%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 25%;"><input type="checkbox"/> Exceeded \$500 limit</div> <div style="width: 25%;"><input checked="" type="checkbox"/> Final report (Attach C/OH - FR)</div> </div>		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <i>02 / 23 / 2014</i> <i>06 / 30 / 2014</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>03 / 04 / 2014</i>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <i>Tarrant County Criminal District Attorney</i>	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

14 C/OH NAME	15 ACCOUNT # (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	FILED TARRANT COUNTY 2011 JUL 15 AM 8:50 STEVIE RASOYAN ELECTIONS ADMINISTRATION
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

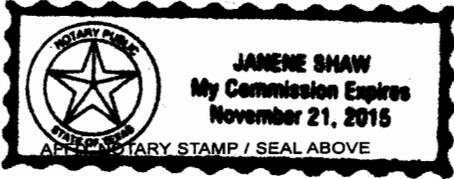
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,975.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 16.13
	4. TOTAL POLITICAL EXPENDITURES	\$ 48,170.58
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 60,466.55

18 AFFIDAVIT

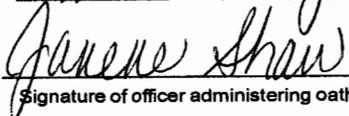
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



 Signature of Candidate or Officeholder



Sworn to and subscribed before me, by the said GEORGE B. MACKREY, this the 11th day of July, 20 14, to certify which, witness my hand and seal of office.

 Signature of officer administering oath	JANENE SHAW Printed name of officer administering oath	NOTARY Title of officer administering oath
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **1/3**

2 FILER NAME

George B. Mackey

3 ACCOUNT # (Ethics Commission Filer)

4 Date

2-24-14

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

Larry White

6 Contributor address; City; State; Zip Code

200 Bailey Ave.
Fort Worth, TX 76107

7 Amount of contribution (\$)

1000.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2-25-14

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

Gary Martin

Contributor address; City; State; Zip Code

PO Box 91588
Arlington, TX 76015

Amount of contribution (\$)

1000.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-23-14

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

Jerry Payne

Contributor address; City; State; Zip Code

10829 Hawkins Home Blvd.
Benbrook, TX 76123

Amount of contribution (\$)

250.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-23-14

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

Claude Brown

Contributor address; City; State; Zip Code

6149 Walla Ave.
Fort Worth, TX 76133

Amount of contribution (\$)

150.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-7-14

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

Barbara Adcock

Contributor address; City; State; Zip Code

5700 Ledgestone Dr.
Fort Worth, TX 76132

Amount of contribution (\$)

1000.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

FILED
TARRANT COUNTY
2014 JUN 23
MAY 50
LECTOR

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A: 2/3

2 FILER NAME: **George B. Mackey** 3 ACCOUNT # (Ethics Commission Filers)

4 Date 2-25-14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Runyan	7 Amount of contribution (\$) 25.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 8025 Morning Lane Fort Worth, TX 76123		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date 2-21-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis McCown	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 700 NE Loop 820, Ste. 214 Hurst, TX 76053		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 2-21-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson Rodriguez	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5128 Golden Lane Fort Worth, TX 76123		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 2-25-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kerny McDaniel	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4706 Lester Dr. Arlington, TX 76016		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 4-7-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herbert D. Everitt	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10508 Splithridge Ct. Fort Worth, TX 76108		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

FILED
 2014
 APR 15 5 50
 TARRANT COUNTY
 CLERK
 ELECTIONS

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A: **3/3**

2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)

4 Date 4-14-14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Isaac D. Gregory	7 Amount of contribution (\$) 200.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1201 Oakhurst Dr. Southlake, TX 76092		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

FILED
 2014 JUN 15 AM 9:50
 ELECTRONIC REGISTRATION
 BY

1 Total pages Schedule F: 1/4	2 FILER NAME George B. Mackey	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 2-24-14	5 Payee name USPS
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6 Amount (\$) \$1,393.10	7 Payee address; City; State; Zip Code 8225 Cross Park Dr. Austin, TX 78710
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Postage
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-26-14	Payee name Pritchett Campaign Strategies
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Amount (\$) \$14,083.01	Payee address; City; State; Zip Code 6836 Brants Lane Fort Worth, TX 76116
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) Fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-26-14	Payee name Pritchett Campaign Strategies
------------------------	--

Amount (\$) \$9,872.04	Payee address; City; State; Zip Code 6836 Brants Lane Fort Worth, TX 76116
----------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) Fee
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3-1-14	Payee name B+B Commercial Printing
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Amount (\$) \$129.90	Payee address; City; State; Zip Code 501 South 5th Ave. Mansfield, TX 76063
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Cards
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2/4	2 FILER NAME George B. Mackey	3 ACCOUNT # (Ethics Commission Filers)
4 Date 3-4-14	5 Payee name Jason's Deli	
6 Amount (\$) 164.28	7 Payee address; City; State; Zip Code 5100 Overton Ridge Blvd. Fort Worth, TX 76132	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description (If travel outside of Texas, complete Schedule T) Food
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 3-4-14	Payee name Jason's Deli	
Amount (\$) \$51.30	Payee address; City; State; Zip Code 5100 Overton Ridge Blvd. Fort Worth, TX 76132	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Food
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 3-6-14	Payee name Mail Chimp	
Amount (\$) \$45.00	Payee address; City; State; Zip Code 512 Means St. Atlanta, GA 30318	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Email service
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 3-17-14	Payee name USPS	
Amount (\$) \$116.00	Payee address; City; State; Zip Code 7101 Bryant Irvin Rd. Fort Worth, TX 76132	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Post office box
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ELECTIONS STATE COMMISSION
 2014 JUL 5 AM 8:50
 FILED ONLY

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3/4		2 FILER NAME George B. Mackey		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3-24-14		5 Payee name Pritchett Campaign Strategies			
6 Amount (\$) \$427.50		7 Payee address; City; State; Zip Code 6836 Braunt's Lane Fort Worth, TX 76116			
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) Fee	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3-3-14		Payee name Tom Moncrief			
Amount (\$) \$1,000.00		Payee address; City; State; Zip Code 313 Rivercrest Dr. Fort Worth, TX 76107			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Other - Refund		Description (If travel outside of Texas, complete Schedule T) Refund	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3-31-14		Payee name George B. Mackey			
Amount (\$) \$13,800.00		Payee address; City; State; Zip Code 5104 Golden Lane Fort Worth, TX 76123			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Loan Repayment		Description (If travel outside of Texas, complete Schedule T) Reimbursement	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4-6-14		Payee name Mail Chimp			
Amount (\$) \$45.00		Payee address; City; State; Zip Code 512 Means St., Ste. 404 Atlanta, GA 30318			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) Email service	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4/4	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 5-6-14	5 Payee name Mail Chimp
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6 Amount (\$) \$30.00	7 Payee address; City; State; Zip Code 512 Means St., Ste. 404 Atlanta, GA 30318
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description (If travel outside of Texas, complete Schedule T) Email services
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6-6-14	Payee name Mail Chimp
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Amount (\$) \$30.00	Payee address; City; State; Zip Code 512 Means St., Ste. 404 Atlanta, GA 30318
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Email service
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-24-14	Payee name Tarrant County Republican Party
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Amount (\$) \$250.00	Payee address; City; State; Zip Code 2405 Gravel Dr. Fort Worth, TX 76118
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Ad
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6-30-14	Payee name George B. Mackey
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Amount (\$) \$133.45	Payee address; City; State; Zip Code 5104 Golden Lane Fort Worth, TX 76123
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Loan Repayment	Description (If travel outside of Texas, complete Schedule T) Reimbursement
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

George B. Mackey

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3-23-14

5 Name of person from whom amount is received

Tarrant County Republican Party

6 Address of person from whom amount is received; City; State; Zip Code

2405 Eravel Dr.
Fort Worth, TX 76118

8 Amount (\$)

\$400.00

7 Purpose for which amount is received

Refund

Date

4-1-14

Name of person from whom amount is received

Tarrant County Republican Party

Address of person from whom amount is received; City; State; Zip Code

2405 Eravel Dr.
Fort Worth, TX 76118

Amount (\$)

\$250.00

Purpose for which amount is received

Refund

Date

Name of person from whom amount is received

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Amount (\$)

Date

Name of person from whom amount is received

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Amount

FILED
TARRANT COUNTY
2014 JUL 15 AM 8:51
SHEVELEVA
ELECTIONS ADMINISTRATOR

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
** Complete only if "Report Type" on page 1 is marked "Final Report" **

1 C/OH NAME <i>George B. Mackey</i>	2 ACCOUNT # (Ethics Commission Filers)
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3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

George B. Mackey

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER
** Complete A & B below *only* if you are not an officeholder. **

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

George B. Mackey

Signature of Candidate

5 OFFICEHOLDER
** Complete this section *only* if you are an officeholder **

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder

FILED
 TARRANT COUNTY
 2014 JUL 15 AM 10:08
 STEPHEN L. HARRIS
 CLERK OF COUNTY CLERK
 ELECTIONS ADMINISTRATION
 BY: