

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="font-size: 2em; font-weight: bold;">47</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <i>Mr</i> FIRST: <i>Grover</i> MI: <i>G</i> NICKNAME: <i>GARY</i> LAST: <i>Fickes</i> SUFFIX:	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <i>Mr</i> FIRST: <i>John</i> MI: <i>T.</i> NICKNAME: LAST: <i>ELIHANES</i> 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	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year <div style="font-size: 1.5em; font-weight: bold;">7 / 1 / 15</div> THROUGH <div style="font-size: 1.5em; font-weight: bold;">12 / 31 / 15</div>		
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <i>County Commissioner Precinct 3</i>	13 OFFICE SOUGHT (if known)	

FILED
 TARRANT COUNTY
 2015 JUN -8 AM 10:02
 ELECTIONS ADMINISTRATOR
 [Signature]

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

FILED
TARRANT COUNTY FORM C/OH
COVER SHEET PG 2
2016 JAN -8 AM 10:10

14 C/OH NAME
Mr Grover G. "Gary" Fickes

15 Filer ID (Ethics Commission Filers)
FRANK PHILLIPS
ELECTIONS ADMINISTRATOR

16 NOTICE FROM POLITICAL COMMITTEE(S)

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	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
COMMITTEE ADDRESS	
COMMITTEE CAMPAIGN TREASURER NAME	
COMMITTEE CAMPAIGN TREASURER ADDRESS	

Additional Pages

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)	\$ 23,200.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 16,927.32
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 38,732.58
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT

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

[Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Grover G. Fickes, this the 8th day of January, 2016, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering oath

Theresa C. Parsons

Printed name of officer administering oath

Notary

Title of officer administering oath

SUBTOTALS - C/OH

FILED
TARRANT COUNTY

FORM C/OH
COVER SHEET PG 3

2016 JAN -8 AM 10:10

19 FILER NAME <i>Mr. Grover G. "Gary" Fickes</i>		20 Filer ID (Ethics Commission Filers) FRANK PHILLIPS ELECTIONS ADMINISTRATOR
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>23,200.00</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>13,992.80</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>2,934.52</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

FILED
TARRANT COUNTY

SCHEDULE A1

2016 JAN -8 AM 10:10

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 of 3

FRANK PHILLIPS
ELECTIONS ADMINISTRATOR

3 Filer ID (Ethics Commission Filers)

2 FILER NAME

Mr. Grover G. "Gary" Fickes

BY: _____

4 Date

8/6/15

5 Full name of contributor

Neal Adams

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

1,000.00

6 Contributor address;

3950 Hwy 360

City; State; Zip Code

Grapevine, Texas 76051

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/6/15

Full name of contributor

John Lynch

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

750.00

Contributor address;

5301 Miramar Lane

City; State; Zip Code

Colleyville, Texas 76034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/6/15

Full name of contributor

Stacy Loftin

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

750.00

Contributor address;

3950 Hwy 360

City; State; Zip Code

Grapevine, Texas 76051

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/2/15

Full name of contributor

Randal L. Dean

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250.00

Contributor address;

201 Main Street

City; State; Zip Code

Fort Worth, Texas 76102

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
2 of 11

2 FILER NAME
Mr. Grover G. "Gary" Fickes

3 Filer ID (Ethics Commission Filers)

4 Date
8/2/15

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

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
P.O. Box 121234 Arlington, Texas 76012

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
8/7/15

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

Amount of contribution (\$)
2,500.00

Contributor address; City; State; Zip Code
201 Main Street Fort Worth, Texas 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8/2/15

Full name of contributor out-of-state PAC (ID#: C00215046)
FMR LLC Political Action Committee - State/Federal
"Fidelity PAC" A Multi-candidate PAC

See Attachment A, Pages 1-4
Amount of contribution (\$)
1,000.00

Contributor address; City; State; Zip Code
200 Seaport Blvd, V9B Boston, Ma. 02210

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
11/19/15

Full name of contributor out-of-state PAC (ID#: _____)
Duff O'Dell

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
P.O. Box 95104 Grapevine, Texas 76099

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

BY: _____

FRANK PHILLIPS
ELECTIONS ADMINISTRATOR

2016 JAN -8 AM 10:13

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3 of 11

2 FILER NAME

Mr. Grover G. "Gary" Fickes

3 Filer ID (Ethics Commission Filers)

4 Date

11/19/15

5 Full name of contributor

Sharen Wilson

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

250.00

6 Contributor address;

P.O. Box 282

City; State; Zip Code

Fort Worth, Texas 76101

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/1/15

Full name of contributor

Bell Helicopter PAC

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250.00

Contributor address;

P.O. Box 482

City; State; Zip Code

Fort Worth, Texas 76101

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/1/15

Full name of contributor

Vic Suhm

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250.00

Contributor address;

1825 Parkwood Drive

City; State; Zip Code

Granbury, Texas 76051

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/9/15

Full name of contributor

Jimmy C. Payton

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

Contributor address;

P.O. Box 1222

City; State; Zip Code

Eules, Texas 76039

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

BY: _____
FRANK PHILLIPS
ELECTIONS ADMINISTRATOR
2016 JAN -8 AM 10:13

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

40611

2 FILER NAME

Mr. Grover G. "Gary" Ficker

3 Filer ID (Ethics Commission Filers)

4 Date

12/9/15

5 Full name of contributor

John F. Boyle, Jr

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

500.00

6 Contributor address;

1718 Cripple Creek

City; State; Zip Code

Irving, Texas 75061

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/9/15

Full name of contributor

Steven A. Mundt

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

124 Seminole Drive

City; State; Zip Code

Trophy Club, Texas 76262

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/9/15

Full name of contributor

John Avila

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

2200 W. 7th Street #1833

City; State; Zip Code

Fort Worth, Texas 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/9/15

Full name of contributor

Teresa + Rob Rutherford

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250.00

Contributor address;

7413 Windswept Trail

City; State; Zip Code

Colleyville, Texas 76034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

BY: _____

FRANK PHILLIPS
ELECTIONS ADMINISTRATOR

2016 JAN -8 AM 10:13

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5 of 11

2 FILER NAME

Mr. Grover G. "Gary" Fikes

3 Filer ID (Ethics Commission Filers)

4 Date

12/9/15

5 Full name of contributor

Randall L. Dean

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

250.00

6 Contributor address;

201 Main Street, Suite 801 Fort Worth, Texas 76102

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/9/15

Full name of contributor

Charlie Geren Campaign

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250.00

Contributor address;

P.O. Box 1440 Fort Worth, Texas 76101

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/9/15

Full name of contributor

Ernest Reynolds

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

314 Main St, Suite 202 Fort Worth, Texas 76102

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/9/15

Full name of contributor

Gary Terry

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

608 Arcadia Street Hurst, Texas 76054

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

BY: _____

FRANK PHILLIPS
ELECTIONS ADMINISTRATOR

2016 JAN - 8 AM 10:13

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

6 of 11

2 FILER NAME

Mr. Grover G. "Gary" Fickes

3 Filer ID (Ethics Commission Filers)

4 Date

12/9/15

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

Ken Marchant for Congress

7 Amount of contribution (\$)

250.00

6 Contributor address; City; State; Zip Code

P.O. Box 110187 Carrollton, Texas 75123

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/9/15

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

Bo V. Cuna

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

8033 Sunscape Lane Fort Worth, Texas 76123

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/9/15

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

Mark Howe

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

3100 Carisbrooke Court Colleyville, Texas 76034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/9/15

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

Freeze and Nichols PAC

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

4055 International Plaza, Suite 200 Fort Worth, Texas 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

BY: _____
FRANK PHILLIPS
ELECTIONS ADMINISTRATOR
2016 JAN -8 AM 10:13

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
7 of 11

2 FILER NAME

Mr. Grover G. "Gary" Ficke's

3 Filer ID (Ethics Commission Filers)

4 Date

12/15/15

5 Full name of contributor

Tony Pack

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

1,000.00

6 Contributor address;

940 Peytonville Ave

City; State; Zip Code

Southlake, Texas 76092

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/15/15

Full name of contributor

Ricky Collins

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

200.00

Contributor address;

13085 Hamrow Rd

City; State; Zip Code

Ft Worth, Texas 76177

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/15/15

Full name of contributor

William Greenwood

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

40 Wyck Hill Lane

City; State; Zip Code

Westlake, Texas 76222

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/15/15

Full name of contributor

Mona Bailey

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250.00

Contributor address;

6200 Lake Way

City; State; Zip Code

North Richland Hills, Texas 76180

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

BY:

FRANK PHILLIPS
ELECTIONS ADMINISTRATOR

2016 JAN -8 AM 10:13

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

80611

2 FILER NAME

Mr. Grover G. "Gary" Ficker

3 Filer ID (Ethics Commission Filers)

4 Date

12/15/15

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

Nizam Peerwaini

7 Amount of contribution (\$)

500.00

6 Contributor address; City; State; Zip Code

P.O. Box 121434 Arlington, Texas 76012

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/12/15

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

Ed Bass

Amount of contribution (\$)

1,500.00

Contributor address; City; State; Zip Code

201 Main Street, Suite 3100 Fort Worth, Texas 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/12/15

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

Ray Waddell

Amount of contribution (\$)

3,000.00

Contributor address; City; State; Zip Code

#7 Bretten Creek Court Dallas, Texas 75220

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/22/15

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

Ronnie Long

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

6004 Airport Freeway Fort Worth, Texas 76117

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

BY: _____
FRANK PHILLIPS
ELECTIONS ADMINISTRATOR
2016 JAN -8 AM 10:13

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

9 of 11

2 FILER NAME

Mr. Grover G. "Gary" Fickes

3 Filer ID (Ethics Commission Filers)

4 Date

12/22/15

5 Full name of contributor

J. D. Johnson

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

250.00

6 Contributor address;

P.O. Box 136021

City; State; Zip Code

Fort Worth, Texas 76136

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/28/15

Full name of contributor

Scott Bradley

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

50.00

Contributor address;

One Pagebrook

City; State; Zip Code

Westlake, Texas 76262

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/28/15

Full name of contributor

Virginia Muzyka

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

700 Overland Trail

City; State; Zip Code

Southlake, Texas 76092

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/28/15

Full name of contributor

Darcy Anderson

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250.00

Contributor address;

2005 Wood Thrush Court

City; State; Zip Code

Westlake, Texas 76262

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

BY: _____

FRANK PHILLIPS
ELECTIONS ADMINISTRATOR

2016 JAN - 8 AM 10:13

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

10 of 11

2 FILER NAME

Mr. Grover G. "Gary" Fickes

3 Filer ID (Ethics Commission Filers)

4 Date

12/28/15

5 Full name of contributor

John Dudley

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

100.00

6 Contributor address;

P.O. Box 731

City; State; Zip Code

Comanche, Texas 76442

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/28/15

Full name of contributor

Gail Cooksey

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

2802 Cottonwood Lane

City; State; Zip Code

Colleyville, Texas 76034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/31/15

Full name of contributor

Dee J. Kelly, Jr

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

1,000.00

Contributor address;

201 Main Street

City; State; Zip Code

Fort Worth, Texas 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/31/15

Full name of contributor

Kelly Hart PAC

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

1,000.00

Contributor address;

201 Main Street

City; State; Zip Code

Fort Worth, Texas 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

BY: _____
FRANK PHILLIPS
ELECTIONS ADMINISTRATOR
2016 JAN - 8 AM 10:13

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

FILED
TARRANT COUNTY
MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1

2016 JAN -8 AM 10:10

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Mr. Grover G. "Gary" Fickes

FRANK PHILLIPS
ELECTIONS ADMINISTRATOR

3 FILER ID (Ethics Commission Filers)

BY:

4 Date

12/31/15

5 Full name of contributor

PSEL PAC

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

1,500.00

6 Contributor address;

201 Mann Street

City; State; Zip Code

Fort Worth, Texas 76102

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/31/15

Full name of contributor

Good Government Fund

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

1,500.00

Contributor address;

201 Mann Street

City; State; Zip Code

Fort Worth, Texas 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/31/15

Full name of contributor

Russell Laughlin

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250.00

Contributor address;

3717 Fox Hollow

City; State; Zip Code

Fort Worth, Texas 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

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 MADE FROM POLITICAL CONTRIBUTIONS

FILED
TARRANT COUNTY

2016 JAN -8 AM 10:10 SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

FRANK PHILLIPS
ELECTIONS ADMINISTRATOR

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>1 of 16</i>	2 FILER NAME <i>Mr Grover G. "Gary" Fickes</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>7/7/15</i>	5 Payee name <i>Foto Sport</i>	
6 Amount (\$) <i>250.00</i>	7 Payee address; City; State; Zip Code <i>190 W. Hwy 114, Suite B Southlake, Texas 76092</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Keller Football Program</i>

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>7/8/15</i>	Payee name <i>Colleyville Lions Club</i>		
Amount (\$) <i>132.50</i>	Payee address; City; State; Zip Code <i>P.O. Box 936 Colleyville, Texas 76034</i>		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Membership Dues</i>
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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 <i>7/15/15</i>	Payee name <i>Trinity Trojan Football Booster Club</i>		
Amount (\$) <i>150.00</i>	Payee address; City; State; Zip Code <i>P.O. Box 211985 Bedford, Texas 76095</i>		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Trinity Football Program</i>
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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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

FILED
TARRANT COUNTY
2016 JAN -8 AM 10:09
SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

FRANK PHILLIPS
ELECTIONS ADMINISTRATOR

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 of 12	2 FILER NAME Mr. Grover G. "Gary" Ficks	3 Filer ID (Ethics Commission Filers)
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4 Date 7/17/15	5 Payee name John Fletcher Consulting
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6 Amount (\$) 1,100.00	7 Payee address; City; State; Zip Code 500 Grapevine Hwy, Suite 362 Hurst, Texas 76054
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting
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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 7/20/15	Payee name L.D. Bell Football Booster Club
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Amount (\$) 150.00	Payee address; City; State; Zip Code P.O. Box 211103 Bedford, Texas 76095
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Football Program
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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 7/21/15	Payee name Senator Jane Nelson Campaign
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Amount (\$) 250.00	Payee address; City; State; Zip Code P.O. Box 608 Grapevine, Texas 76099
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Officeholder	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

FILED
TARRANT COUNTY
2016 JAN -8 AM 10:09

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3 of 16	2 FILER NAME Mr. Grover G. "Gary" Fickes	3 Filer ID (Ethics Commission Filers)
4 Date 7/24/15	5 Payee name Hawks First Down Club	
6 Amount (\$) 200.00	7 Payee address; City; State; Zip Code 9100 Mid Cities Blvd North Richland Hills, Texas 76180	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Birdville Football Program

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/3/15	Payee name Fossil Ridge High School Athletic Booster Club		
Amount (\$) 350.00	Payee address; City; State; Zip Code 7420 N. Beach Street, Suite 212 AMB #45 Fort Worth, Texas 76137		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Football Program	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/3/15	Payee name Tarrant Area Food Bank		
Amount (\$) 100.00	Payee address; City; State; Zip Code 2600 Cullen Street Fort Worth, Texas 76107		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Officeholder	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation for Food Supplies	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

FILED
TARRANT COUNTY
2016 JAN -8 AM 10:09
SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8 (a)

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

BY: STANK PHILLIPS
ELECTIONS ADMINISTRATOR

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4 of 16	2 FILER NAME Mr. Grover G. "Gary" Fickes	3 Filer ID (Ethics Commission Filers)
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4 Date 8/5/15	5 Payee name Colleyville Heritage High School Football Booster Club
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6 Amount (\$) 400.00	7 Payee address; City; State; Zip Code P.O. Box 1292 Colleyville, Texas 76034
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Football Program
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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 8/13/15	Payee name Carroll Athletic Booster Club
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Amount (\$) 200.00	Payee address; City; State; Zip Code 2400 N. Carroll Avenue Southlake, Texas 76092
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Football Program
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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 8/18/15	Payee name Grapevine High School Football Booster Club
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Amount (\$) 350.00	Payee address; City; State; Zip Code 3223 Mustang Drive Grapevine, Texas 76051
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Football Program
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

FILED
TARRANT COUNTY SCHEDULE F1

2016 JAN -8 AM 10:09

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5 of 16	2 FILER NAME Mr. Grover G. "Gary" Fickes	3 Filer ID (Ethics Commission Filers)
4 Date 8/20/15	5 Payee name Grapevine Rotary	
6 Amount (\$) 229.00	7 Payee address; City; State; Zip Code 308 S. MAIN Grapevine, Texas 76099	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership Dues

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/26/15	Payee name Joe D. Johnson for Constable	
Amount (\$) 250.00	Payee address; City; State; Zip Code P.O. Box 132067 Lake Worth, Texas 76136	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Officeholder	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/27/15	Payee name Andy Nguyen Campaign	
Amount (\$) 100.00	Payee address; City; State; Zip Code P.O. Box 151272 Arlington, Texas 76015	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Officeholder	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

FILED
TARRANT COUNTY SCHEDULE F1

2016 JAN -8 AM 10:09

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | 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: 6 of 16		2 FILER NAME Mr. Grover G. "Gary" Fickes		3 Filer ID (Ethics Commission Filers)	
4 Date 9/10/15		5 Payee name Mark LaChapelle			
6 Amount (\$) 212.50		7 Payee address; City; State; Zip Code P.O. Box 347 Coppell, Texas 75019			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Work		

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/18/15	Payee name Fletcher Consulting		
Amount (\$) 562.88	Payee address; City; State; Zip Code 500 Grapevine Hwy, Suite 322 Hurst, Texas 76094		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/22/15	Payee name Johnathan Stickland Campaign		
Amount (\$) 250.00	Payee address; City; State; Zip Code 221 Mowette Drive Bedford, Texas 76022		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Officeholder		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

FILED
TARRANT COUNTY
SCHEDULE F1

2016 JAN -8 AM 10:08

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7 of 16	2 FILER NAME Mr. Grover G. "Gary" Fickes	3 Filer ID (Ethics Commission Filers)
4 Date 9/23/15	5 Payee name Tim O'Hare Campaign	
6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code 606 Hawtherglan Drive Southlake, Texas 76092	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Officeholder	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/25/15	Payee name Justice Debra Lehrmann Campaign		
Amount (\$) 200.00	Payee address; City; State; Zip Code P.O. Box 1565 Austin, Texas 78767		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Officeholder	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/29/15	Payee name HEB Chamber of Commerce		
Amount (\$) 210.00	Payee address; City; State; Zip Code P.O. Box 929 Bedford, Texas 76099		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership Dues	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

FILED
TARRANT COUNTY
2016 JAN -8 AM 10:08
SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>8 of 16</i>	2 FILER NAME <i>Mr. Grover G. "Gary" Ficks</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>9/30/15</i>	5 Payee name <i>Colleyville Lions Club</i>
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6 Amount (\$) <i>250.00</i>	7 Payee address; City; State; Zip Code <i>P.O. Box 536 Colleyville, Texas 76034</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Contributions/Donations Made By Officeholder</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Breakfast with Santa</i>
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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 <i>10/2/15</i>	Payee name <i>City of Hurst Fire Department</i>
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Amount (\$) <i>150.00</i>	Payee address; City; State; Zip Code <i>1505 Precinct Line Road Hurst, Texas 76054</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contributions/Donations Made By Officeholder</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Donation</i>
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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 <i>10/2/15</i>	Payee name <i>Tarrant County Republican Assembly</i>
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Amount (\$) <i>20.00</i>	Payee address; City; State; Zip Code <i>P.O. Box 12205 Fort Worth, Texas 76110-8205</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Membership Dues</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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TARRANT COUNTY
SCHEDULE F1
2016 JAN -8 AM 10:08

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>9 of 16</i>	2 FILER NAME <i>Mr. Grover G. 'Gary' Fickes</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>10/9/15</i>	5 Payee name <i>GRAPEVINE ROTARY</i>	
6 Amount (\$) <i>96.00</i>	7 Payee address; City; State; Zip Code <i>308 S. Main Grapevine, Texas 76099</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Membership Dues</i>

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10/16/15</i>	Payee name <i>TEXAS FOR LIFE COALITION</i>		
Amount (\$) <i>100.00</i>	Payee address; City; State; Zip Code <i>5616 Forest Bend Drive Arlington, Texas 76017</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contributions/Donations Made By Officeholder</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Donation</i>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10/26/15</i>	Payee name <i>Sharon Wilson Campaign</i>		
Amount (\$) <i>250.00</i>	Payee address; City; State; Zip Code <i>P.O. Box 282 Fort Worth, Texas 76101</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contributions/Donations Made By Officeholder</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Campaign Contribution</i>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

FILED
TARRANT COUNTY

SCHEDULE F1

2016 JAN -8 AM 10:08

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>10 of 16</i>	2 FILER NAME <i>Mr Grover G. "Gary" Fickes</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>10/30/15</i>	5 Payee name <i>Kelly Hancock Campaign</i>	
6 Amount (\$) <i>250.00</i>	7 Payee address; City; State; Zip Code <i>P.O. Box 821349 North Richland Hills, Texas 76182</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Contributions/Donations Made By Officeholder</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Campaign Contribution</i>

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10/30/15</i>	Payee name <i>Metro Sports</i>
Amount (\$) <i>750.00</i>	Payee address; City; State; Zip Code <i>P.O. Box 1014 Trophy Club, Texas 76262</i>

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Carroll Football Radio</i>
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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 <i>11/2/15</i>	Payee name <i>Grapevine Rotary</i>
Amount (\$) <i>158.00</i>	Payee address; City; State; Zip Code <i>308 N. Main Grapevine, Texas 76099</i>

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Membership Dues</i>
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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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

FILED
TARRANT COUNTY
SCHEDULE F1

2016 JAN -8 AM 10:08

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>11 of 16</i>	2 FILER NAME <i>Mr Grover G. Gary Ficks</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>11/3/15</i>	5 Payee name <i>Awesome Blossoms</i>	
6 Amount (\$) <i>79.39</i>	7 Payee address; City; State; Zip Code <i>100 S. Hampshire Saginaw, Texas 76179</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Gifts/Memorials Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Flowers for funerals</i>

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>11/9/15</i>	Payee name <i>Northeast Tarrant Lions Club</i>	
Amount (\$) <i>60.00</i>	Payee address; City; State; Zip Code <i>P.O. Box 1726 Colleyville, Texas 76034</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contributions/Donations Made By Officeholder</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Donation</i>

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>11/16/15</i>	Payee name <i>Minuteman Press</i>	
Amount (\$) <i>233.90</i>	Payee address; City; State; Zip Code <i>2527 Gravel Drive Fort Worth, Texas 76118</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Campaign Mailer</i>

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 MADE FROM POLITICAL CONTRIBUTIONS

FILED
TARRANT COUNTY SCHEDULE F1

2016 JAN -8 AM 10:07

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 12 of 16	2 FILER NAME Mr. Grover G. "Gony" Fickes	3 Filer ID (Ethics Commission Filers)
4 Date 11/18/15	5 Payee name TARRANT COUNTY GOP	
6 Amount (\$) 1,250.00	7 Payee address; City; State; Zip Code 2405 Gravel Road Fort Worth, Texas 76118	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing Fee

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/18/15	Payee name Colleyville GOLF Club		
Amount (\$) 250.00	Payee address; City; State; Zip Code P.O. Box 536 Colleyville, Texas 76034		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Officeholder	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsor-Breakfast with Santa
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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 11/19/15	Payee name Grapevine Rotary		
Amount (\$) 92.00	Payee address; City; State; Zip Code 308 S. Main Grapevine, Texas 76099		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership Dues
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

FILED
TARRANT COUNTY SCHEDULE F1

2016 JAN -8 AM 10:07

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 13 of 16	2 FILER NAME Mr. Grover G. "Garry" Fickes	3 Filer ID (Ethics Commission Filers)
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4 Date 11/23/15	5 Payee name Theresa Parsons
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6 Amount (\$) 171.97	7 Payee address; City; State; Zip Code 608 Woodside Drive Hurst, Texas 76053
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Christmas Decorations
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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 11/25/15	Payee name Colleyville Area Chamber of Commerce
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Amount (\$) 300.00	Payee address; City; State; Zip Code 2700 Colleyville Blvd Colleyville, Texas 76034
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership Dues
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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 12/4/15	Payee name Tarrant County GOP
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Amount (\$) 500.00	Payee address; City; State; Zip Code 2409 Gravel Road Fort Worth, Texas 76118
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Officeholder	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Building Fund
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

FILED
TARRANT COUNTY
SCHEDULE F1
2016 JAN -8 AM 10:07

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|---|
| Advertising Expense | Event Expense | Loan Repayment/Refinancing | Salaries/Wages/Contract Labor |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Other (enter a category not listed above) |
| Consulting Expense | Food/Beverage Expense | Polling Expense | |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | |

FRANK PHILLIPS
ELECTIONS ADMINISTRATOR

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>14 of 16</i>	2 FILER NAME <i>Mr. Grover G. "Gary" Fickes</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>12/9/15</i>	5 Payee name <i>Minuteman Press</i>
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6 Amount (\$) <i>871.96</i>	7 Payee address; City; State; Zip Code <i>2527 Gravel Drive Fort Worth, Texas 76118</i>
--------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Campaign Material</i>
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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 <i>12/9/15</i>	Payee name <i>Greater Keller Chamber of Commerce</i>
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Amount (\$) <i>175.00</i>	Payee address; City; State; Zip Code <i>420 Johnson Road Keller, Texas 76248</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Membership Dues</i>
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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 <i>12/15/15</i>	Payee name <i>Center for Transforming Lives</i>
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Amount (\$) <i>100.00</i>	Payee address; City; State; Zip Code <i>512 W. 4th Street Fort Worth, Texas 76102</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contributions / Donations Made By Officeholder</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Donation</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

FILED
TARRANT COUNTY
SCHEDULE F1
2016 JAN -8 AM 10:07

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

FRANK PHILLIPS
ELECTIONS ADMINISTRATOR

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>15 of 16</i>	2 FILER NAME <i>Mr. Grover G. "Gary" Fickes</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>12/15/15</i>	5 Payee name <i>Feedstore BBQ</i>
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6 Amount (\$) <i>150.00</i>	7 Payee address; City; State; Zip Code <i>5305 S. White Chapel Southlake, Texas 76092</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food/Beverage Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Office Christmas Party</i>
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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 <i>12/16/15</i>	Payee name <i>Metro Sports</i>
-------------------------	-----------------------------------

Amount (\$) <i>1,050.00</i>	Payee address; City; State; Zip Code <i>P.O. Box 1014 Trophy Club, Texas 74262</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Carroll Football Radio</i>
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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 <i>12/18/15</i>	Payee name <i>Dee Anderson Campaign</i>
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Amount (\$) <i>250.00</i>	Payee address; City; State; Zip Code <i>P.O. Box 1892 Fort Worth, Texas 76101</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contributions / Donations Made By Officeholder</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Campaign Contributions</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

FILED
TARRANT COUNTY
SCHEDULE F1
2016 JAN -8 AM 10:06

EXPENDITURE CATEGORIES FOR BOX 8(a)

FRANK PHILLIPS
ELECTIONS ADMINISTRATOR

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>16 of 16</i>	2 FILER NAME <i>Mr. Grover G. "Garry" Fickes</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>12/22/15</i>	5 Payee name <i>Spirit of Texas Bank</i>	
6 Amount (\$) <i>29.70</i>	7 Payee address; City; State; Zip Code <i>P.O. Box FB College Station, Texas 77841-5102</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Office Overhead</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Checks</i>

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12/28/15</i>	Payee name <i>Tim O'Hare Campaign</i>		
Amount (\$) <i>250.00</i>	Payee address; City; State; Zip Code <i>406 Hawthorn Drive Southlake, Texas 76092</i>		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contributions/Donations Made By Officeholder</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Campaign Contribution</i>
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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	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

FILED
TARRANT COUNTY

SCHEDULE G

2016 JAN -8 AM 10:06

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1 of 13	2 FILER NAME Mr. Grover G. "Gary" Ficks	3 Filer ID (Ethics Commission Filers)
4 Date 7/29/15	5 Payee name Niki's Italian Restaurant	
6 Amount (\$) 60.24 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 5249 Davis Blvd North Richland Hills, Texas 76180	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Lunch with staff <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/29/15	Payee name Krispy Kreme Donuts		
Amount (\$) 45.44 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3609 Ira Woods Grapevine, Texas 76051		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Life 6:4 Run <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 7/29/15	Payee name Black Finn Restaurant		
Amount (\$) 42.77 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 210 E. Trade Street Charlotte, NC 28202		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Lunch with staff <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

FILED
TARRANT COUNTY

SCHEDULE G

2016 JAN -8 AM 10:06

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Scraper/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Printing Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials 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 of 13	2 FILER NAME Mr. Grover G. "Gary" Fickes	3 Filer ID (Ethics Commission Filers)
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4 Date 7/29/15	5 Payee name USPS
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6 Amount (\$) 49.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1501 Hall Johnson Road Colleyville, Texas 76034
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead	(b) Description stamps <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 9/22/15	Payee name Humperding's
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Amount (\$) 28.74 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 700 Six Flags Drive Arlington, Texas 76010
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Lunch with Constituents <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 9/22/15	Payee name Krispy Kreme Donuts
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Amount (\$) 46.43 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3609 Ira Woods Grapevine, Texas 76051
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Meeting with Constituents <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

FILED
TARRANT COUNTY

SCHEDULE G

2016 JAN -8 AM 10:06

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Refund | Scratch-off Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | 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 G: 3 of 13	2 FILER NAME Mr. Grover G. "Gary" Fickes	3 Filer ID (Ethics Commission Filers)
4 Date 9/22/15	5 Payee name Northeast Tarrant Chamber of Commerce	
6 Amount (\$) 20.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 5001 Denton Hwy Haltom City, Texas 76117	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Luncheon <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 9/22/15	Payee name JR Steakhouse	
Amount (\$) 28.22 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 5400 Hwy 121 Colleyville, Texas 76034	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Lunch with Constituent <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 9/22/15	Payee name Bacon Bistro	
Amount (\$) 12.81 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 737 Grapevine Hwy Hurst, Texas 76054	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Campaign Event <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

FILED
TARRANT COUNTY

SCHEDULE G

2016 JAN -8 AM 10:06

EXPENDITURE CATEGORIES FOR BOX 8(a)

FRANK PHILLIPS
POLITICAL ADMINISTRATOR

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Collection/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Printing Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials 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: 4 of 13	2 FILER NAME Mr. Grover G. "Gary" Fickes	3 Filer ID (Ethics Commission Filers)
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4 Date 9/22/15	5 Payee name Outback Steakhouse
--------------------------	---

6 Amount (\$) 36.22 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 813 Airport Fwy Hurst, Texas 76055
--	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <i>lunch with constituents</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 10/15/15	Payee name Johnny Carino's
------------------	-------------------------------

Amount (\$) 29.87 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2175 Procnct One Road Hurst, Texas 76054
---	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <i>lunch with staff</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 10/15/15	Payee name Chapps Cafe
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Amount (\$) 24.72 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 9101 Blvd 26 North Richland Hills, Texas 76180
---	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <i>lunch with constituent</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

FILED
TARRANT COUNTY

SCHEDULE G

2016 JAN -8 AM 10:05

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

FRANK PHILLIPS
ADMINISTRATOR

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <i>5 of 13</i>	2 FILER NAME <i>Mr. Grover G. "Gary" Fickers</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>10/15/15</i>	5 Payee name <i>Posados Cafe</i>
----------------------------------	--

6 Amount (\$) <i>34.24</i>	7 Payee address; City; State; Zip Code <i>1601 Airport Fwy Redford, Texas 76022</i>
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food/Beverage Expense</i>	(b) Description <i>Drawer with Cashiers</i>
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10/15/15</i>	Payee name <i>Pacific Table</i>
-------------------------	------------------------------------

Amount (\$) <i>29.53</i>	Payee address; City; State; Zip Code <i>1600 S. University Fort Worth, Texas 76107</i>
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/Beverage Expense</i>	(b) Description <i>Drawer with Staff</i>
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10/15/15</i>	Payee name <i>Italiani's</i>
-------------------------	---------------------------------

Amount (\$) <i>19.56</i>	Payee address; City; State; Zip Code <i>1601 Proctor Linc Road Hurst, Texas 76054</i>
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/Beverage Expense</i>	(b) Description <i>Lunch with Staff</i>
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

FILED
TARRANT COUNTY
SCHEDULE G

2016 JAN -8 AM 10:05

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

FRANK PHILLIPS
ELECTIONS ADMINISTRATOR

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 6 of 13	2 FILER NAME Mr. Grover G. "Garry" Fickes	3 Filer ID (Ethics Commission Filers)
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4 Date 10/15/15	5 Payee name Allsup's
---------------------------	---------------------------------

6 Amount (\$) 39.39 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code East South loop Stephenville, Texas 76401
--	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Gas - Dove Hunt <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 11/12/15	Payee name El Rancho Grande
-------------------------	---------------------------------------

Amount (\$) 39.47 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1400 N. Mann Fort Worth, Texas 76164
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Campaign Discussions <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 11/12/15	Payee name Abuelo's
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Amount (\$) 47.02 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 850 Airport Fwy Hurst, Texas 76054
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Campaign Discussions <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

FILED
TARRANT COUNTY

SCHEDULE G

2016 JAN -8 AM 10: 05

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: 7 of 13	2 FILER NAME Mr. Grover G. "Gary" Fickes	3 Filer ID (Ethics Commission Filers)
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4 Date 11/12/15	5 Payee name Calabrese Restaurant
---------------------------	---

6 Amount (\$) 79.28 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1281 E. Hwy 114 Southlake, Texas 76092
--	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Southlake Issues <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 11/12/15	Payee name Krispy Kreme Donuts
------------------	-----------------------------------

Amount (\$) 51.94 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3209 Ira Woods Grapevine, Texas 76099
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Meeting with Constituents <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 11/12/15	Payee name Howard Wings
------------------	----------------------------

Amount (\$) 86.70 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1471 E. Southlake Blvd Southlake, Texas 76092
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Southlake Issues <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

FILED
TARRANT COUNTY SCHEDULE G

2016 JAN - 8 AM 10:05

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Printing Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials 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.

FRANK PHILLIPS
POLITICAL ADMINISTRATION

1 Total pages Schedule G: 8 of 13	2 FILER NAME Mr. Grover G. "Gary" Fickes	3 Filer ID (Ethics Commission Filers)
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4 Date 11/12/15	5 Payee name Ace Mart
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6 Amount (\$) 76.57 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 5600 N. Denton Hwy Helton City, TEXAS 76148
--	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Supplies-empowering SAULTORS <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 11/12/15	Payee name Dixie House Cafe
------------------	--------------------------------

Amount (\$) 30.98 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3701 E. Bellknap Fort Worth, Texas 76111
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Campaign Discussions <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 11/12/15	Payee name Bacon's Bistro
------------------	------------------------------

Amount (\$) 21.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 737 Empower Hwy Hurst, Texas 76054
---	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Campaign Discussions <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

FILED
TARRANT COUNTY

SCHEDULE G

2016 JAN -8 AM 10:05

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

FRANK PHILLIPS
POLYMER ADMINISTRATOR

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 9 of 13	2 FILER NAME Mr. Grover G. "Gony" Fickes	3 Filer ID (Ethics Commission Filers)
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4 Date 11/2/15	5 Payee name Schwartz Food Mart
--------------------------	---

6 Amount (\$) 402.80 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1500 Fisher Street Goldthwaite, Texas 76844
---	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Dove Hunt <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 11/30/15	Payee name Fed Ex
------------------	----------------------

Amount (\$) 203.17 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1488 Ripelme Road Hurst, Texas 76053
--	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Fundraising <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 11/30/15	Payee name Office Depot
------------------	----------------------------

Amount (\$) 118.14 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1419 Ripelme Road Hurst, Texas 76053
--	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead	(b) Description Office Supplies <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

FILED
TARRANT COUNTY

SCHEDULE G

2016 JAN -8 AM 10:04

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

FRANK PHILLIPS
EL PASO COUNTY ADMINISTRATOR
Election Preparation/Political District
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: 10 of 13	2 FILER NAME Mr. Grover G. "Gary" Fickes	3 Filer ID (Ethics Commission Filers)
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4 Date 11/30/15	5 Payee name Theresa Parsons
---------------------------	--

6 Amount (\$) 252.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 608 Woodside Drive Hurst, Texas 76053
---	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description Campaign fundraiser <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 11/30/15	Payee name USPS
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Amount (\$) 122.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code Hurst Post Office Hurst, Texas 76053
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead	(b) Description Stamps <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 12/1/15	Payee name Ace Restaurant Supply
------------------------	--

Amount (\$) 12.31 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 5201 W. Denton Hwy Haltom City, Texas 76148
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead	(b) Description Supplies <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

FILED
TARRANT COUNTY
SCHEDULE G

2016 JAN -8 AM 10:04

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Refundation | Printing Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | 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.

FRANK PHILLIPS
ELECTIONS ADMINISTRATION

1 Total pages Schedule G: <i>11 of 13</i>	2 FILER NAME <i>Mr. Grover G. "Gary" Fickes</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>12/11/15</i>	5 Payee name <i>Del Frisco Grill</i>
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6 Amount (\$) <i>278.28</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>154 E. Third Street Fort Worth, Texas 76102</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food/Beverage Expense</i>	(b) Description <i>United Way Lunch</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 <i>12/11/15</i>	Payee name <i>USPS</i>
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Amount (\$) <i>122.50</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>Cannon Drive Hurst, Texas 76054</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Office Overhead</i>	(b) Description <i>Stamps-Campaign Master</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 <i>12/11/15</i>	Payee name <i>Costco</i>
-------------------------	-----------------------------

Amount (\$) <i>42.40</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>2501 E. State Hwy 114 Southlake, Texas 76092</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description <i>Deer Hunt</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

FILED
TARRANT COUNTY
2016 JAN -8 AM 10:04

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

FRANK PHILLIPS
ELECTIONS ADMINISTRATOR

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Printing Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials 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: 12 of 13	2 FILER NAME Mr. Grover G. "Gunny" Fickes	3 Filer ID (Ethics Commission Filers)
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4 Date 12/11/15	5 Payee name IHOP
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6 Amount (\$) 41.10 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2240 Precinct Lane Rd Hurst, Texas 76054
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Breakfast with Consultants <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 12/11/15	Payee name Sushi Axiom
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Amount (\$) 30.98 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 4229 Downally Fort Worth, Texas 76107
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Meeting with Consultants <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 12/11/15	Payee name 11 Calabrese Restaurant
-------------------------	--

Amount (\$) 86.69 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1281 E. State Hwy 114 Southlake, Texas 76092
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Campaign Discussions <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

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
MADE FROM PERSONAL FUNDS**

FILED
TARRANT COUNTY
2016 JAN -8 AM 10:04

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOB PHILLIPS

ELECTIONS ADMINISTRATOR

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Printing Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials 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: 13 of 13	2 FILER NAME Mr. Grover G. "Garry" Fickes	3 Filer ID (Ethics Commission Filers)
--	---	---------------------------------------

4 Date 12/22/15	5 Payee name Lawe's
---------------------------	-------------------------------

6 Amount (\$) 122.26 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 700 Grapevine Hwy Hurst, Texas 76054
---	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorial Expense	(b) Description Christmas Gifts - Employees <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
--------------------------	--	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 12/22/15	Payee name Krispy Kreme Donuts
-------------------------	--

Amount (\$) 44.49 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3805 Iron Woods Grapevine, Texas 76051
--	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Meeting with Contributors <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 12/22/15	Payee name Simon NE Mail
-------------------------	------------------------------------

Amount (\$) 400.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1101 Melbourne Hurst, Texas 76054
---	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorial Expense	(b) Description Gift Cards - Employees <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Grover G. "Gary" Fickes - 7/1/15-12/31/15 Report
Attachment A, Page 1 of 4

FMR LLC POLITICAL ACTION COMMITTEE - STATE/FEDERAL
"FIDELITY PAC"
A MULTICANDIDATE PAC

FILED
TARRANT COUNTY
2016 JAN -8 AM 10: 04
FRANK PHILLIPS
ELECTIONS ADMINISTRATOR

BY: _____

July 31, 2015

The Honorable Gary Fickes
Gary Fickes Campaign

Dear Commissioner Fickes:

I am pleased to enclose a contribution of \$1,000 from the FMR LLC Political Action Committee in connection with the May 5, 2015 event supporting your reelection. FMR LLC is the parent of the Fidelity Investments group of companies.

In addition, and as required by the Texas Ethics Law, I have enclosed a copy of the FMR LLC's Political Action Committee's Federal Elections Commission Statement of Organization.

Please do not hesitate to contact me or Karen Kennedy at 617-563-2631 should you have any questions.

Sincerely,



Scott Orr

Enclosure

200 Seaport Boulevard, V9B, Boston, MA 02210

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

FILED
TARRANT COUNTY
2016 JAN -8 AM 10:03

Office Use Only

1. NAME OF COMMITTEE (in full)



(Check if name is changed)

Example: If typing, type over the lines.

12 FEB 2015
TREASURER ADMINISTRATOR

FMR LLC Political Action Committee State-Federal (Fidelity PAC)

ADDRESS (number and street)

245 Summer Street



(Check if address is changed)

Boston

CITY ▲

MA

STATE ▲

02210

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address is changed)

fidelitypac@fmr.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address is changed)

2. DATE

01 / 13 / 2015

3. FEC IDENTIFICATION NUMBER ►

C 000215046

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Kathryn Dunn

Signature of Treasurer

Kathryn Dunn

[Electronically Filed]

Date

01 / 13 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

FILED
TARRANT COUNTY

FEC Form 1 (Revised 02/2009)

2016 JAN -8 AM 10:03

Write or Type Committee Name

FMR LLC Political Action Committee State-Federal (Fidelity PAC)

FRANK PHILLIPS
FIDELITY INVESTMENTS

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

FMR LLC

Mailing Address

245 Summer Street

Boston MA 02210

CITY STATE ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Karen Kennedy

Mailing Address 245 Summer Street

Boston MA 02210

Title or Position CITY STATE ZIP CODE

Custodian of Records Telephone number 617 - 563 - 2831

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Kathryn Dunn

Mailing Address 82 Devonshire Street

Boston MA 02109

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 617 - 563 - 9304

FORM 1S - STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1S (Revised 06/2011)

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

[ADDITIONAL]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

[ADDITIONAL]

Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

FMR LLC Political Action Committee - Federal (Fidelity PAC)

Mailing Address

245 Summer Street

Boston

MA

02210

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

[ADDITIONAL]

Designated Agent

Full Name

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

Joint Fundraiser Participant

[ADDITIONAL]

FEC ID number

C

FILED
TARRANT COUNTY
2016 JAN - 8 AM 10: 03
FRANK PHILLIPS
ELECTIONS ADMINISTRATOR
BY: _____