

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <i>MR.</i> FIRST: <i>Russell</i> NICKNAME: <i>Russ</i> LAST: <i>Casey</i> MI: <i>B</i> SUFFIX:	OFFICE USE ONLY Date Received Date Hand-Delivered or Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <input type="checkbox"/> change of address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <i>Mrs.</i> FIRST: <i>Heather</i> NICKNAME: <i>Casey</i> LAST: MI: <i>M</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 type="checkbox"/> January 15 <input checked="" 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 THROUGH Month Day Year <i>01 / 01 / 14</i> <i>02 / 03 / 14</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>03 / 04 / 14</i>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <i>Justice of the Peace Pct #3</i>	13 OFFICE SOUGHT (if known)	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

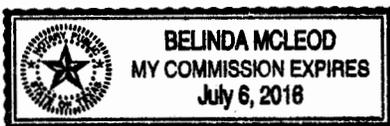
14 C/OH NAME	15 ACCOUNT # (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS		FILED TARRANT COUNTY 2014 FEB - 3 PM 4:09 STEVEN RAYSON ELECTIONS ADMINISTRATOR

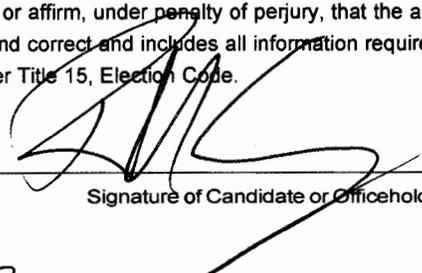
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 25 ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2175 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 66 ⁰⁰
	4. TOTAL POLITICAL EXPENDITURES	\$ 10291.94
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4770.96
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 9000

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.



BELINDA MCLEOD
MY COMMISSION EXPIRES
July 6, 2018



 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Russel Casey, this the 3 day of February, 20 14, to certify which, witness my hand and seal of office.


 Signature of officer administering oath

BELINDA MCLEOD

 Printed name of officer administering oath

NOTARY

 Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A: 4	
2 FILER NAME Russ Casey			3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1/2/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Israel Suster	7 Amount of contribution (\$) 250⁰⁰	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code 1316 Village Creek Dr Ste 500 Plano, TX 75093		(If travel outside of Texas, complete Schedule T)		
9 Principal occupation / Job title (See Instructions) Law Firm		10 Employer (See Instructions)		
Date 1/20/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimmy Payton	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code P.O. Box 1662 Euless, TX 76039		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Car Sales		Employer (See Instructions) Self		
Date 1/6/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bill and Mona Bailey	Amount of contribution (\$) 50⁰⁰	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 6200 Lake Way N. Richland Hills, TX 76180		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Retires		Employer (See Instructions)		
Date 1/19/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Wilder	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 209 West 2nd Street Fort Worth, TX 76102		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) District Clerk		Employer (See Instructions) Tarrant County		
Date 1/19/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joy Papestkar	Amount of contribution (\$) 2500	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 905 Venice St. Aurora, TX 76053		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Russ Casey

3 ACCOUNT # (Ethics Commission Filers)

4 Date

1/27/14

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

Niermann and Olivo

6 Contributor address; City; State; Zip Code

1622 E. Belthine Rd. suite
Carrollton, TX 75006

7 Amount of contribution (\$)

50⁰⁰

(If travel outside of Texas, complete Schedule T)

FILED
TARRANT COUNTY
2014 FEB -3 PM 4:10
ELECTIONS ADMINISTRATION

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

Law firm

10 Employer (See Instructions)

Date

1/11/14

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

Gary Williky

Contributor address; City; State; Zip Code

P.O. Box 1765
Colleyville, TX 76034

Amount of contribution (\$)

\$250⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Investor

Employer (See Instructions)

Self

Date

1/18/14

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

Ralph Hurd

Contributor address; City; State; Zip Code

2736 Crystal Glenn Cir
Hurst, TX 76054

Amount of contribution (\$)

25⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/17/14

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

Bonnie Vantil

Contributor address; City; State; Zip Code

1060 Thousand Oaks Ct.
Southlake, TX 76092

Amount of contribution (\$)

100⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Real estate

Employer (See Instructions)

Self

Date

1/17/14

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

Rolly Millirons

Contributor address; City; State; Zip Code

1016 Stuckert Dr
Burleson, TX 76028

Amount of contribution (\$)

100⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A:
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2 FILER NAME <i>Russ Casey</i>	3 ACCOUNT # (Ethics Commission Filers)
-----------------------------------	--

4 Date <i>1/23/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Holcomb Holcomb</i>	7 Amount of contribution (\$) <i>100⁰⁰</i>	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code <i>2405 Aberdeen Dr. Bedford, TX 76021</i>		

9 Principal occupation / Job title (See Instructions) <i>Industrial Sales</i>	10 Employer (See Instructions) <i>Nexas</i>
--	--

Date <i>1/22/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bruce Mansfield</i>	Amount of contribution (\$) <i>200⁰⁰</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>1550 N. Norwood Hurst, TX 76034</i>		

Principal occupation / Job title (See Instructions) <i>Lawyer</i>	Employer (See Instructions) <i>Self</i>
--	--

Date <i>1/23/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sue Eubanks</i>	Amount of contribution (\$) <i>50⁰⁰</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>901 Woodhaven Ct Euless, TX 76039</i>		

Principal occupation / Job title (See Instructions) <i>Retired</i>	Employer (See Instructions)
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Date <i>1/22/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Peter Donnelly</i>	Amount of contribution (\$) <i>150⁰⁰</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>800 Shady Ln Keller, TX 76248</i>		

Principal occupation / Job title (See Instructions) <i>Law enforcement</i>	Employer (See Instructions) <i>Tarrant County</i>
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Date <i>1/28/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Marc Girling</i>	Amount of contribution (\$) <i>250⁰⁰</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>2404 Harwood Rd. Apt. 358 Bedford, TX 76021</i>		

Principal occupation / Job title (See Instructions) <i>Lawyer</i>	Employer (See Instructions) <i>Self</i>
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Russ Casey

3 ACCOUNT # (Ethics Commission Filers)

4 Date

1/19/14

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

Joe Leising

7 Amount of contribution (\$)

50⁰⁰

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

*1500 Michael Dr.
Bedford, Tx 76022*

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Real estate

10 Employer (See Instructions)

self

Date

1/28/14

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

Gary Fikes

Amount of contribution (\$)

300⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*P.O. Box 93419
Southlake, TX 76092*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

County Commissioner

Employer (See Instructions)

Tarrant County

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1/31/14	5 Payee name Home Depot		
6 Amount (\$) 322.03	7 Payee address; City; State; Zip Code Southlake, TX 76092		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office T-Post	(b) Description (If travel outside of Texas, complete Schedule T) T-Post	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
4 Date 1/23/14	5 Payee name Fast Signs		
6 Amount (\$) 2300.31	7 Payee address; City; State; Zip Code Southlake, TX 76092		
8 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Yard Signs	Description (If travel outside of Texas, complete Schedule T) Yard Signs	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
4 Date 1-21-14	5 Payee name Home Depot		
6 Amount (\$) 109.58	7 Payee address; City; State; Zip Code Southlake, TX 76092		
8 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) T-Post	Description (If travel outside of Texas, complete Schedule T) T-Post	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
4 Date 1-13-14	5 Payee name Lowe's		
6 Amount (\$) 319.22	7 Payee address; City; State; Zip Code Hurst, TX		
8 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) T-Post	Description (If travel outside of Texas, complete Schedule T) T-Post	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>1</i>	2 FILER NAME <i>Russell Casey</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>7-10-14</i>	5 Payee name <i>The Freedman Inc.</i>	
6 Amount (\$) <i>442.98</i>	7 Payee address; City; State; Zip Code <i>Wanda Way, Hurst, TX 76053</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Mail House</i>
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>7-13-14</i>	Payee name <i>The Freedman Inc.</i>	
Amount (\$) <i>777.08</i>	Payee address; City; State; Zip Code <i>Wanda Way, Hurst, TX 76053</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Mail House</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 7-13-14	Payee name	
Amount (\$) 442.98	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>7-28-14</i>	Payee name <i>Lowes</i>	
Amount (\$) <i>316⁰⁰</i>	Payee address; City; State; Zip Code <i>Hurst, TX 76054</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>T-Post</i>	Description (If travel outside of Texas, complete Schedule T) <i>T-Post</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>Russell Casey</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>1-3-14</i>	5 Payee name <i>Bob's Printing</i>
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6 Amount (\$) <i>400.89</i>	7 Payee address; City; State; Zip Code <i>751 Buena Vista Pr Hurst TX 76053</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Printing</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Envelope</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	Payee name
Amount (\$)	Payee address; City; State; Zip Code

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

FILED
 APPROPRIATE
 21 FEB -3 PM 4:10
 STEVE MASON
 ELECTIONS ADMINISTRATOR

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <i>1</i>	2 FILER NAME <i>Russell Casey</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>1-28-14</i>	5 Payee name <i>Bob's Printing</i>
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6 Amount (\$) <i>4663.94</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>751 Buena Vista Dr. Hurst, TX 76053</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Printing</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Mailer</i>
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Date <i>1-1-14</i>	Payee name <i>Texas Conservatives Assoc Unite Pac</i>
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Amount (\$) <i>699.99</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>1921 Stonehill Dr Fort Worth, TX 76247</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>SALES ADVERTISING</i>	Description (If travel outside of Texas, complete Schedule T) <i>Straw Poll</i>
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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FILED
 TARRANT COUNTY
 2014 FEB -3
 4:10
 STEVE RICHARDSON
 ELECTIONS ADMINISTRATOR

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED