CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

(512) 463-5800

The C/OH Instruction	Guide explains how to con	nplete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE /	MS/MRS/MR	FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	My	Grover	G.	Date Repeived m
NAME	NICKNAME	LAST	SUFFIX	E E
	A	- 1/	OGITIK	TARR 1014 JA 151 LECTIO
	GAry	Fickes		Date Represed ELECTIONS SIES SIES SIES SIES SIES SIES SIES SI
4 CANDIDATE /	ADDRESS / PO BOX; APT / SU	ITE#: CITY;	STATE; ZIP CODE	
OFFICEHOLDER MAILING				
ADDRESS				Date Hand-delivered or Postmented
change of address				manufacture description of the state of the
5 CANDIDATE/	AREA CODE PHONE	NUMBER	EXTENSION	Receipt # Amount
OFFICEHOLDER	ANEX CODE	NO MIDER	Britanoir	Date Processed
PHONE	•			
6 CAMPAIGN	MS/MRS/MR	FIRST	MI	Date Imaged
TREASURER NAME	Mr	John	T.	
NAIVIE	NICKNAME	LAST	SUFFIX	
		Eubanks		
		~DMMING,		
7 CAMPAIGN	STREET ANDRESS (NO PO ROX PI	FASE): APT/SHITF#;	CITY; STATE;	ZIP CODE
TREASURER ADDRESS				
(residence or business)				
	•			
			EVENOION	
8 CAMPAIGN TREASURER	AREA CODE PHONE	N! IMBER	EXTENSION	
PHONE				
9 REPORT TYPE	January 15	30th day before election	Runoff	15th day after campaign
				treasurer appointment (officeholder only)
	July 15	8th day before election	Exceeded \$500	Final report (Attach C/OH - FR)
			limit	
10 PERIOD	Month Day Year		Month E	Day Year
COVERED	7/1/13	THROUGH		1/13
	1/1/19		'A/ 9	1 / 13
		1		
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE		
1		Primary	Runoff	General Special
40.055105	OFFICE HELD (65-7-2)	1	13 OFFICE SOUGHT (if it	ramen)
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (IT	ulowi y
·	County Commissione	ſ		
	County Commissioner Precinct 3			
		00.70.04	^E ^	
		GOTOPA	JE Z	
1				

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Mr. Grover G.	"Gary" Fickes	1	5 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAD HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAND ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF T	DATE'S OR OFFICEHOLDER'S KNOWLEDGE OF
	COMMITTEE TYPE	COMMITTEE NAME	RANT NEVERA
	GENERAL SPECIFIC	COMMITTEE ADDRESS	AM IO: 10
		COMMITTEE CAMPAIGN TREASURER NAME	\$ O \
additional pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	1 V C
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL F	IZED \$	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 7,064.12
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D ORTING PERIOD	\$ 7,064.12 AY \$ 10,768.47
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	HE \$
N ST	ERESA C. PARSON OTARY PUBLIC TATE OF TEXAS Comm. Exp. 02-04-20	is true and correct and includes all me under Title 15, Election Code.	perjury, that the accompanying report information required to be reported by didate or Officeholder
Sworn to and subs	scribed before	me, by the said <u>Grover G. Fickes</u> 1, 20 14 , to certify which, witness m	ny hand and seal of office.
Signature of officer admi	inistering oath	Printed name of officer administering oath	Title of officer administering oath

	EXPENDITURE CA	TEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Sa Legal Services So Food/Beverage Expense Tra Polling Expense Tra Printing Expense Of	alaries/Wages/Contract Labor blicitation/Fundraising Expense avel In District avel Out Of District fice Overhead/Rental Expense	raising Expense Transportation Editionent Related Expense Contributions/DonationsrMade By Candidate/Officeholden/Political Commit (Rental Expense OTHER (enter a category of listed above)			
	The Instruction Guide ex	plains how to complete this fo	orm.	ពីរ _ស	Z Dy	
1 Total pages Schedule F:	Frover G. "Gary" Fickes	, .	3 ACCO	UNT # (Ethics Com	mesion Filera	
7/2//3	5 Payee name Gary Acord			38		
6 Amount (\$)	7 Payee address; State; 3120 Decribed Drive Device, Texas 74208	Zip Code		i o	<u>a</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of the			Texas, complete Sche	dule T)	
9 Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sough	Dervices - U	Office h	eld	
Date 7/29/13	South oke Chamber of Com	Imerce				
Amount (\$)	Payee address; State; 1501 Corporate Circle					
150.00	Southlake, Texas 76092					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of the	Membersh	· •	Texas, complete Sched	dule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sough	nt	Office h	eld	
Date 8/12/13	Payee name Flether Cousoltwa			W 1993		
Amount (\$)	Payee address; City; State; 500 Grapevine Hwy, Suite	•				
300.00	Hurst Texas 72054					
PURPOSE	Category (See categories listed at the top of th	is schedule) Description	(If travel outside of	Texas, complete Sched	lule T)	
OF EXPENDITURE	Consulting Expense	Comprian	Services			
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sough		Office h	eld	
Date 8/28/13	Judge Brew Grr					
Amount (\$)	Payee address; City; State; P.O. Box 99189 Hurst, Texas 76094	Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of the Category (See categories listed at the top of the Category (See categories listed at the top of the Category (See categories listed at the top of the Category (See categories listed at the top of the Category (See categories listed at the top of the Category (See categories listed at the top of the Category (See categories listed at the top of the Category (See categories listed at the top of the Category (See categories listed at the top of the Category (See categories listed at the top of the Category (See categories listed at the top of the Category (See categories listed at the top of the Category (See categories listed at the top of the Category (See categories listed at the top of the Category (See category	is schedule) Description Genpsiqu	(If travel outside of	Texas, complete Scheo	dule T)	
Complete ONLY if direct	Candidate / Officeholder name	Office sough	nt	Office h	eld	

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/Fundraising Expense Transportation Food/Beverage Expense Travel In District Contributions/E Polling Expense Travel Out Of District Candidate/C Printing Expense Office Overhead/Rental Expense OTHER (enter The Instruction Guide explains how to complete this form.			ent/Reimbursement Equipment & Related Expense Donations Made By Officeholder/Political Committee Pocategory not listed above)			
1 Total pages Schedule F:	2 FILER NAME			3 ACCC	UNT # (Ethios		
2066	Grover G. "Bory" Fickes				37	22	
9/10/13	Colleguille Lows Club				>m S3	-5	雪点
6 Amount (\$) 250.00	P.U. Box 536 Colleyuille, Texas 74034				ST N	<u> </u>	30
8 PURPOSE	(a) Category (See categories listed at the top of		(b) Description (if	travel outside d	f Texas, complete	Schedule 1	Γ)
OF EXPENDITURE	Contributions/Dauxhaus Mad	eby	Spousor-Hol	c in Ouc	Evout		
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought			ce held	
Date 9/14/12	Payee name JANE Welson (Ampongno Payee address; City; State						
Amount (\$)	Payee address; City; State	; Zip Code					
250.00	P.O. Box 208 Grapevine, Texas 72094	7					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of Court is by Hous DownHous Mad	this schedule)	Description (If	travel outside o	1	Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought		Offi	ce held	
Date	Payee name						
9/23/13	HEB Chamber of Commerce	c					
Amount (\$)	Payee address; City; State; P.O. Box 949						
210.00	Bedford, Texas 76095						
PURPOSE	Category (See categories listed at the top of	this schedule)	Description (If	travel outside o	f Texas, complete	Schedule T	7)
OF EXPENDITURE	Fees		Membershi	Fees			
Complete QNLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought	77664	Offi	ce held	
Place 9/30/13	Payee name Tarrant County College Face	undation					
Amount (\$)		; Zip Code					
300.00	Fort Worth, Texas 72102						
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of the Court in Haus Devotes Made		Description of		Texas, complete	Schedule T	·)
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH		Office sought		Offi	ce heid	
	ATTACH ADDITIONAL COF	PIES OF THIS S	CHEDULE AS N	EEDED			

P.O. Box 12070

	EXPENDITURE	CATEGORIES FO	R BOX 8(a)			
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contra		oan Repayment/Re	imbursemen	nt
Accounting/Banking	Legal Services	Solicitation/Fundraising	Expense †	ransportation Equip	mpant&Rela	ıtęd Expense
Consulting Expense	Food/Beverage Expense	Travel In District	C	Contributions/Bonation	phs Made 🗗	2 - -
Event Expense	Polling Expense	Travel Out Of District		Candidate/Officeh	• •	
Fees	Printing Expense	Office Overhead/Renta	al Expense C	THER (enter a cate	gory not lis	ted above)
	The Instruction Guide	explains how to com	plete this form	1.	*E	Ξ ≶ ¬η
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT #	(Ethics Con	mission Filers)
3066	Grover G. "Fary" Fickes				53:50	
	5 Payee name /				- 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
4 Date		1		ů E	39	
10/2/13	Hurst Ctizens Fire Ac	Ademy				1,2900
6 Amount (\$)	7 Payee address; , City; Şta	ate; Zip Code				
	2100 Precinct line Road				103	\Box
190.00					,,,,	
750.00	Herst TexAs 76054			34		
8 PURPOSE	(a) Category (See categories listed at the top	of this-echedule) (b)	Description (f travel outside of Texas,	complete Sch	edule T)
8 PURPOSE OF	Contributions/ Douations Min	de 131	- 11	y		
EXPENDITURE	044,000	1	ickets to	JINNER		
O Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office	held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C			J Sought		Ţ.,,,	
Experience to periorit of						
Date , j	Payee name	,				
10/3/13	Toren Con J. COD					
	THIT HAS I COUNTY GOT					
Amount (\$)	Payee address; City; Sta	ate; Zip Code				
1-0	2405 Gravel Drive					
250.00		•				
	Fort Worth, Texas 7611	0				
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (if	travel outside of Texas,	complete Sch	edule T)
OF	Contriby Hous/Downhous Mind	le Dy	Jan Jan F	Building Fund	1	
EXPENDITURE	Officeholder	L	POWHOW - 4	Julia my runo	7	
Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office	held
expenditure to benefit C/C	DH					
					W-1-1-1	
Date / I	Payee name					
10/7/13	John than Strick land u	mp/higN				
Amount (\$)	Payee address; City; Sta					
(,,	621 Movette Drive					
250.00	· -					
230.00	Bedford, Texas 72022					
DI IDAGE	Category (See categories listed at the top	of this schedule)	Description (f travel outside of Texas,	complete Sch	edule T)
PURPOSE OF	Course a Hears Downstows Mad)	1 1 1	- Sp. 310 GG1	
EXPENDITURE		· · · · · · · · · · · · · · · · · · ·	AMDALON O	wtribu How		
	Candidate / Officeholder name		Office sought		Office	held
Complete ONLY if direct	Candidate / Officeholder name		Omce sought		Cince	,,,,,,,
expenditure to benefit C/C	У П					
Date	Payee name					
-1-1-) (
10115/13	c Howes					
Amount (\$)	Payee address; City; Sta	ate; Zip Code				
_	209 N. Industrial Blud					
600.00	DIVIT					
W0	Bed 6rd, Eurs 76021					
PURPOSE	Category (See categories listed at the tor	of this schedule)	Description (f trevel outside of Texas,	complete Sch	edule T)
OF	Contributions/Dourstons MA	ec by	n 1			
EXPENDITURE	Office holder		Jourton			
Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office	held
Complete <u>ONLY</u> if direct expenditure to benefit C/						
	ATTACH ADDITIONAL C	OPIES OF THIS SCI	HEDULE AS N	EEDED		

	EXPENDITURE	CATEGORIES	FOR BOX 8(a)				
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co		oan Repaym	ent/Reimburse	ement	
Accounting/Banking	Legal Services	Solicitation/Fundra			Equipment &		nense
Consulting Expense	Food/Beverage Expense	Travel In District		•	Donations Ma		301130
Event Expense	Polling Expense	Travel Out Of Dist			Officeholder/P		nmittee
Fees	Printing Expense	Office Overhead/R		THER (enter	a category no	ot listed abo	ove)
	The Instruction Guide		•	-			,
		oxplaine new te	oompiete tine rom				
1 Total pages Schedule F:	2 FILER NAME			3 ACCC	UNT # (Ethics	Commissio	n Filers)
4066	Grover G. "Guy" Fickes						
4 Date	5 Payee name				M		
مرابيرا م	1 1 12				ë√: ∃T∃	2	
10/24/13	Hudy Navyew Compagn	<u> </u>			<u> </u>	The said	>
6 Amount (\$)	7 Payee address; Cty; St	ate; Zip Code			= 0	<u></u>	2 22
	P.O. Box 151272				25	7.30	<u> </u>
250.00	A				<i>∽</i> .<	!	<u></u>
	Holington, Texas 76105					ထိ	二
8 PURPOSE	<u> </u>	of this schedule)	(b) Description (f travel outside o	f Texas complete	Schedule T)	ाग
8 PURPOSE OF	(a) Category (See categories listed at the to	ALE BY	(b) Goodington (i	4 1 1		10 miles	\supset \Box
EXPENDITURE		,	CAMPAGAN (ou tribut	اما ا	حالة بسم	
	Office holder			y27110411		(***)	of item
9 Complete ONLY if direct	Candidate / Officeholder name		Office sought			fice held	- <
expenditure to benefit C/O	ЭН				93		· .
D-4-	Payeo namo				1		
Date /	Payee name	. 5.41			3		
10/23/13	MARY LOUISE GAYCIA CA	mphan					
Amount (\$)	Payee address; City; St	ate; Zip Code					
(,,	P.O. Box 123362						
250.00							
230.00	Fort Worth, Texas 7612	1					
PURPOSE	Category (See categories listed at the to	o of this schedule)	Description (travel outside o	f Texas, complete	Schedule T)	
OF	Contributions/ Donations Ma	dc Dy	Canana	$C \cup I$	1		
EXPENDITURE	Officholder		Umpaign	World Loo	HOW		
Complete ONLY if direct	Candidate / Officeholder name		Office sought		Of	fice held	
expenditure to benefit C/O	PH						
and the second s	The state of the s						
Date / /	Payee name						
10/20/2	Kowni Burlow Campring	N.					
10128113	Pavee address: City: St	ete: Zie Cede					
Amount (\$)		ate; Zip Code					
500 00	P.O. Box 1246						
<i>500.00</i>	C11 11 To 710	211					
	Colleguille, lexas 720	<i>24</i>					
PURPOSE	Category (See categories listed at the to	p of this schedule)	Description (f travel outside o	Texas, complete	Schedule T)	
OF	Contributions/Dourhous Mn	de 114	C	$c \mid \cdot \mid$			
EXPENDITURE	Officeholder	•	UMPHAN (putibut	Hau		
Complete ONLY if direct	Candidate / Officeholder name		Office sought		Of	fice held	
expenditure to benefit C/C	ЭН		_				
Date , ,	Payee name			, -			
10/2/1/2	The Aughlin Com						
10131113	Thomas H. Wilder Lampa	gu					
Amount (\$)	Payee address; City; St						
	209 West Second Street	•					
<i>250.00</i>	Fort Worth Texas 76102						
-100190	HOIT WORK, ICXITY 1610A	•					
PURPOSE	Category (See categories listed at the to	of this schedule)	Description (f travel outside o	Texas, complete	Schedule T)	
OF	Catributions/Dountias Wine		_	$c \mid l \mid l$,	
EXPENDITURE	046	,	MMPNIGN	Couter but	ia		
Operation Children	Candidate / Officeholder name		Office sought			fice held	
Complete <u>ONLY</u> if direct expenditure to benefit C/6			Cilioo adagiit		0.		
expenditure to belieff O/	···						
	ATTACH ADDITIONAL C	OPIES OF THIS	SCHEDULE AS N	EEDED			

P.O. Box 12070

	EXPENDITURE	CATEGORIES	FOR BOX 8(a)			
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co	entract Labor	nt/Reimbursement		
Accounting/Banking	Legal Services	Solicitation/Fundra		-	Equipment & Related	Expense
Consulting Expense	Food/Beverage Expense	Travel In District			onations Made By fficeholder/Political	Committee
Event Expense Fees	Polling Expense Printing Expense	Travel Out Of Dist Office Overhead/R			a category not listed	i
1 000	The Instruction Guide		-	•	a category not nated	above,
1 Total pages Schedule F:	2 FILER NAME			3 ACCOU	INT # (Ethics Commi	ssion Filers)
5 of 1	Grover G. "Gary" Fickes				3Y: EE 29	3
4 Date	5 Payee name				CT I	35
11/13/13	Colleyville Lows Club					RR RP
6 Amount (\$)		te; Zip Code			Pill I	<u>े</u> ग
15000	P.O. 130x 536				- E	
250.00	Colleguille, Texas 7603	4				38
8 PURPOSE	(a) Category (See categories listed at the top	of this sehedule)	(b) Description	(If travel outside of	Texas, complete Schedu	
OF EXPENDITURE	Contributions/Devations Min	ldc Dy	Bron Ver L.	with South	Single -	
	Candidate / Officeholder name		Office sough		Office hel	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C			Office sough		Omoc nei	<u> </u>
Date ,	Payee name ,	- Anti-				
11/14/13	Martin High School Ten	wis	WAY			
Amount (\$)	Payee address; City; Star	te; Zip Code				
5000	4501 W. Plansmit Ridge	sand				
50.00	Avington, Texas 72010	?				
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description	(If travel outside of T	Texas, complete Schedul	e T)
OF EXPENDITURE	Counting Hous/ Dawlers Made	uy	Donate			
Complete ONLY if direct	Candidate / Officeholder name		Office sough	t	Office hel	d
expenditure to benefit C/O			J			
Date , /	Payee name,	-				
11/19/13	Colleyville Aren Chamber		e			
Amount (\$)		e; Zip Code				
2000	2700 Collegville Blud					j
300.00	Colleyville, Texas 7203	4				
PURPOSE	Category (See categories listed at the top of	of this schedule)		` .	Texas, complete Schedul	eT)
OF EXPENDITURE	Fees .		Membershi	> Ducs		
Complete ONLY if direct	Candidate / Officeholder name		Office sough		Office hel	d
Complete <u>ONLY</u> if direct expenditure to benefit C/C				-		
Date	Payee name	0 1	1			
11/25/13	United Way of TAYIANT	Country				
Amount (\$)	Payee address; City; Stat	te; Zip Code				
	1500 N. Maru, Suite 200					
350.00	Fort Worth, Texas 76124	-0448				
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description	(If travel outside of 1	Texas, complete Schedul	e T)
OF EXPENDITURE	Costillations/ Donations Made	-y	Dountier	,		
	Candidate / Officeholder name		Office sough	· · · · · · · · · · · · · · · · · · ·	Office hel	d
Complete ONLY if direct expenditure to benefit C/6			Office sough	•	Onice nei	-
	ATTACH ADDITIONAL CO	PIES OF THIS	SCHEDULE AS I	NEEDED	AND	

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Solicitation/Fundraising Expense Trans Travel In District Contravel Out Of District C		Transportation Contributions/ Candidate/ OTHER (enter	in Repayment/Reimbursement insportation Equipment & Related Expe intributions/Donations Made By Candidate/Officeholder/Political Comr HER (enter a category not listed abov		
4 Total pages Cabadula Fr	The Instruction Guide	explains now to	complete this for		DUNT # (Ethios (^~~~i~~i	- Filere)
1 Total pages Schedule F:	Grover G. "Gary" Fickes			3 ACCC	DUNT # (Ethics (COMMISSIO	7
4 Date /////3	5 Payee name Minuteman Press				TOTAL	S	RRA T
6 Amount (\$) 892.74	7 Payee address; City; Star 2567 Gravel Drive Fort Worth, Texas 76118	te; Zip Code			ABMINIS	-9 M	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top	of this schedule)	(b) Description (~ 1	of Texas, complete	Sch égu le T)	Y
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought		Offic	ce held	
Date 12/19/13	Hwesome Blossoms						
Amount (\$) 109.43	Payee address; City: Sta 100 S. Hampshire Stree Saginaw, Exas 74179	1					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top GIAs/Awards/Memorial Ex	of this schedule)	Description (1	of Texas, complete S	Schedule T)	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought		Offic	ce held	
Date /2/24/13	Payee name Feedshove BBQ						
Amount (\$) 125.90	930 S, White Chapel Blue Southlake, Texas 74092	te; Zip Code					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top Food / Beverage Expense	of this schedule)	Christmas Cur		of Texas, complete		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	4.114	Office sought		Offi	ce held	
Date 12/24/13	Payee name Feed store BBQ		A self-time to the desired to the				
Amount (\$)	Fayee address, Gity: Sta 530 S. White Chapel Blvd Southlake, Texas 76098	te; Zip Code Z					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top Food/Beverage Expense	•	Christmas WA		of Texas, complete:	Schedule T)	
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name		Office sought		Offi	ce held	
	ATTACH ADDITIONAL CO	OPIES OF THIS	SCHEDULE AS I	NEEDED			

SCHEDULE G

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

Fees

EXPENDITURE CATEGORIES FOR BOX 8(a) Gift/Awards/Memorials Expense Legal Services

Food/Beverage Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By
Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above)

	The Instruction Guide explains how to	complete this form.				
1 Total pages Schedule G:	2 FILER NAME		3 ACCOUN	•	Commi	ssion Filers)
1064	Grover G. "Gary" Fickes		æ ≺	ELECT	201	7
4 Date	5 Payee name		,	S		22
8/28/13	Radio Shack			045 015		TARRA!
6 Amount (\$) 44.93 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2/40 E. Southlake Blvc Sauthlake, Texas 74092		ALL PROPERTY OF THE PARTY OF TH		-9 MID:	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If trav	vel outside of Tex	as, complete		т) -<
OF EXPENDITURE	Office Overhead	(b) Description (If tree last Possible) for	r Proson	stron's		
P/28/13	Payee name Krispy Creme					
Amount (\$)	Payee address; City; State; Zip Code					
46.73	3205 Ira Woods					
Reimbursement from political contributions intended	Grapevine, Texas 2051					
PURPOSE	Category (See categories listed at the top of this schedule)	Description (if trav	vel outside of Tex	as, complete	Schedule	Т)
OF EXPENDITURE	Food/Beverage Expuse	Moching with (oust, hour	5		
Date 8/28/13	Busy B Bakery					
Amount (\$)	Payee address; City; State; Zip Code					
8.82	480 Southlake Blvc					
Reimbursement from political contributions intended	Southlake, Texas 76092					
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If trav	vel outside of Texa	as, complete	Schedule	T)
OF EXPENDITURE	Food/Beverage Expanse	Mechany with a	שיוויים	<u>k</u>		
Date	Payee name					
8/28/13	Rodoo Gost					
Amount (\$) 20.47	Payee address; City; State; Zip Code					
Reimbursement from political contributions intended	Fort Worth, Texas 76107					
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If trav	rel outside of Texa	s, complete	Schedule	T)
OF EXPENDITURE	Food/Beverage Expanse	Lewih with Can	shivent			
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEED	DED			

P.O. Box 12070

SCHEDULE G

	EXPENDITURE	CATEGORIES F	OR BOX 8(a)					
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Con				t/Reimburse		
Accounting/Banking Consulting Expense	Legal Services Food/Beverage Expense	Solicitation/Fundrais Travel In District	sing Expense		Transportation Equipment & Related Expense Contributions/Donations Made By			
Event Expense	Polling Expense	Travel Out Of Distr	ict			nations Mad ficeholder/Po		mmittee
Fees	Printing Expense	Office Overhead/Re	ental Expense	OTHER	(enter a	category no	t listed a	bove)
*	The Instruction Guide	explains how to c	omplete this for	m.	33	[7]	~3	
1 Total pages Schedule G:	2 FILER NAME			3	ACCOD	NT # rtEthics	Commis	sion Filers)
2064	Grover G. "Gary" Fickes					STO		Ω R
4 Date	5 Payee name					55		≥ 11
8/28/13	Johnny B's					27 37	-9	与国
6 Amount (\$)	7 Payee address; City; Stat	e; Zip Code				25 00		
33.73	2704 East Southlake Bl	1d #104			!	(7) 元) 二(正)	=	- 1
Reimbursement from political contributions	Southlake, Texas 72092				į		* *	
political contributions intended	Jacon line, leaf 3 100 12					5	0	
8 PURPOSE	(a) Category (See categories listed at the top of	of this schedule)	(b) Description			exas, complete	Schedule 1	T)
OF EXPENDITURE	Food Beverage Expense		Lewon wit	ملك ملما	#	•		
	1000 Mocretage capacit		Whon w.	PR 2111				
Date , /	Payee name							
9/12/13	Costco		***				11-11-1-11	
Amount (\$)	Payee address; City; Stat							
139.91	260) E. Northwest PKWy	/						
Reimbursement from political contributions intended	Southloke, Texas 76092							
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description	(If travel o	utside of T	exas, complete	Schedule	T)
OF EXPENDITURE	E-1/Bourse France		Compaign	Dare	Hast			
EXPENDITORE	Food/Beverage Expense		umping.	0000				
Date ,	Payee name							
alala	4 .4 4							
71/2/10	Wal Mait							
Amount (\$)	Payee address; City; Star	te; Zip Code						
120.55	1732 Preduct Live Rd							
Reimbursement from political contributions	Hurst, Town 76094							
intended	14131, 1601							
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description	(if travei o	utside of T	exas, complete	Schedule	T)
OF EXPENDITURE	Full Bank		Compatan	λ .	11.1			
20.200.002	Food/Beverage Expense		Umpaigu	Love	HUILI			
Date ,	P a yee name							
ماما	.41							
9112113	Meggs							
Amount (\$)	Payee address; City; Stat	•						
51.82	South + White Hospital Compu	S						
Reimbursement from political contributions	Tomple Texas 12508							
political contributions intended								
PURPOSE OF	Category (See categories listed at the top of	of this schedule)	Description	` ,		exas, complete	Schedule 1	Γ)
EXPENDITURE	Food/Beverage Expense		lewich with	Stuf	7			
	ATTACH ADDITIONAL CO	PIES OF THIS SO	CHEDULEASN	EEDE	D			

SCHEDULE G

		CATECORIES					
Advertising Expense	Gift/Awards/Memorials Expense	CATEGORIES I Salaries/Wages/Co		oan Repayme	nt/Reimbursen	nent	
Accounting/Banking	Legal Services	Solicitation/Fundrai		ransportation			pense
Consulting Expense	Food/Beverage Expense	Travel In District		Contributions			!
Event Expense	Polling Expense	Travel Out Of Distr	rict	Candidate/C	fficelfolder/Po	litical Col	
Fees	Printing Expense	Office Overhead/Re	ental Expense C	THER (enter	a category not	i <u>list</u> ed ab	eve)
	The Instruction Guide	e explains how to o	omplete this form		2	=	≶ ¬
1 Total pages Schedule G:	2 FILER NAME			3 ACCOL	JNT # (Ethics	Commiss	ion Filers)
3064	Grover G. "Gary" Fickes				35		SED D
4 Date 12/19/13	5 Payee name ALSUPS				STRAI	○ 3	
6 Amount (\$) 51.99	7 Payee address; City; St			,	9	0	
Reimbursement from political contributions intended	150 E. South loop Stephenville, Texas 724	01		,			
8 PURPOSE	(a) Category (See categories listed of the top		(b) Description (1)
OF	Contributions/Donations		Expenses - D				
EXPENDITURE		7	Safe How		7 . 1		
Date	Payee name		JAL MIN				
Jale /	- 1						
12/19/13	lom humb						
Amount (\$) 72.89	Payee address; City; St	ate; Zip Code					
Doimhussement from	2 11 1/	- 1					
Reimbursement from political contributions intended	Southlake, lexas 760	92		and the second s			·
PURPOSE	Category (See categories listed at the to			If travel outside of)
OF EXPENDITURE	Courtifutions/Dountions	ringe by	Expanses D	dance an	ווו צישות	,	
	Otticholder	all delication and the second and th) SACCHANG	س			
Date ,	Payee name						
10/2/2	ו מ ו						
12/19/15	Brookshires	7-0					
Amount (\$) 73.48		tate; Zip Code					
	404 leutral	4					
Reimbursement from political contributions intended	Commuche, EXAS 764	142					
PURPOSE	Category (See categories listed at the to		i - i	If travel dutside of	1. 1		")
OF	Contributions/Dountians	Tinde Dy	Expanses 1	Journal H	ewiting Irig	for or	
EXPENDITURE	Otticeholder	•	Safe Han		ا , ا		
Date / /	Payee name						
12/19/13	Higginbothams						
Amount (\$)		ate; Zip Code					
10.68	101 N. Houslan Street						
Reimbursement from political contributions intended	Commuche, Texas 724	42					
PURPOSE	Category (See categories listed at the to	p of this schedule)	Description (If travel putside pf	Tekas, complete	Schedule T)
OF	Category (See categories listed of the to	Illide By	Expenses - L	bounded Hu	who Irif.) 60Y	
EXPENDITURE	Officeholder	,	Sofe How	ev			
	ATTACH ADDITIONAL C	OPIES OF THIS S	CHEDULE AS N	EEDED			

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES FOR BOX 8(a) Gift/Awards/Memorials Expense						
	The Instruction Guide e	explains how to co	omplete this fo	m.			
1 Total pages Schedule G:	2 FILER NAME			3 ACCO	UNT # (Ethics	Commissio	on Filers)
4 of 4	Grover G. "Gmy" Fickes		-S				
4 Date	5 Payee name				H. H.	20	
12/19/13	Hillow Hotel Southlake				CTIC	7	<u> </u>
6 Amount (\$) 50.03	7 Payee address; City; State South ske Town Square	e; Zip Code			NS A	2	R <u>A</u> -F
Reimbursement from political contributions	Southlake Exots 7204	2					
intended	(a) Catagoni (Canada and Balada the Inc.	(this askedule)	(b) Description	/If travel autaida a	Tayon combilities	Sobodulo T)	
8 PURPOSE OF	(a) Category (See categories listed at the top of		1 1 11		/ >-	SCHEGGIO 1)	
EXPENDITURE	Food /Beverage Expense		Guch with	n Court tua	uts of	=	-<
Date , ,	Payee name						
12/19/13	Walmort Neighborhood M	nket					
Amount (\$)	Payee address; City; State	e; Zip Code					
4.16	Southlake Blud						
Reimbursement from political contributions intended	Southlake Esses 76092						
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of Cautri burlians/ Dannitans Muse Office holder			(if travel gutside of		,	
Date	Payee name						
Amount (\$)	Payee address; City; State	e; Zip Code					
Reimbursement from political contributions intended							
PURPOSE	Category (See categories listed at the top of	f this schedule)	Description	(If travel outside o	f Texas, complete	Schedule T)	
OF EXPENDITURE							
Date	Payee name	111111111111111111111111111111111111111					
Amount (\$)	Payee address; City; State	e; Zip Code					
Reimbursement from political contributions intended							
PURPOSE	Category (See categories listed at the top of	f this schedule)	Description	(If travel outside o	f Texas, complete	Schedule T)	
OF EXPENDITURE							
	ATTACH ADDITIONAL COI	PIES OF THIS SC	HEDULE AS N	NEEDED			