

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>George</i>	MI <i>B.</i>	OFFICE USE ONLY
	NICKNAME <i>Mackey</i>	LAST	SUFFIX	

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Date Received Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged				

5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
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6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Mrs.</i>	FIRST <i>Paula</i>	MI
	NICKNAME <i>Mackey</i>	LAST	SUFFIX

7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY:	STATE:	ZIP CODE
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8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
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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 <i>07 / 01 / 2013</i>	THROUGH	Month Day Year <i>12 / 31 / 2013</i>
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11 ELECTION	ELECTION DATE Month Day Year <i>03 / 04 / 2014</i>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
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12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <i>Tarrant County Criminal District Attorney</i>
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GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

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

14 C/OH NAME George B. Mackey **15 ACCOUNT #** (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

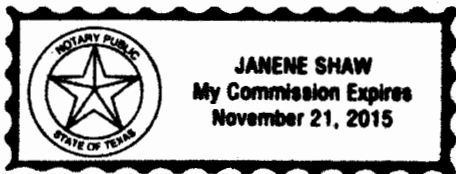
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

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

FILED
TARRANT COUNTY
2014 JAN 15 PM 2:50
STEVE RATION
ELECTIONS ADMINISTRATION
BY:

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)	\$ 11,400.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 30,754.19
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 18,886.50
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 75,000.00

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.

George B. Mackey
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said George B. Mackey, this the 14th day of January, 20 14, to certify which, witness my hand and seal of office.

Janene Shaw
Signature of officer administering oath

JANENE SHAW
Printed name of officer administering oath

NOTARY PUBLIC
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: 1/8

2 FILER NAME George B. Mackey

3 ACCOUNT # (Ethics Commission Filers)

4 Date

7-1-13

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

Mark Shelton

6 Contributor address; City; State; Zip Code

1355 mistletoe Dr.
Fort Worth, TX 76110

7 Amount of contribution (\$)

\$250.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

7-1-13

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

Mice Maloney

Contributor address; City; State; Zip Code

100 Austin Ave., Suite 101
Weatherford, TX 76086

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7-3-13

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

Nancy Garrison

Contributor address; City; State; Zip Code

PO Box 40053
Fort Worth, TX 76140

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7-11-13

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

Daniel Young

Contributor address; City; State; Zip Code

3901 Race St.
Fort Worth, TX 76111

Amount of contribution (\$)

\$125.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7-15-13

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

Barry Johnson

Contributor address; City; State; Zip Code

3401 Lawndale
Fort Worth, TX 76133

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 2/8	
2 FILER NAME George B. Mackey		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8-14-13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Michael Dean	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 8017 Misty Trail Fort Worth, TX 76123		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 8-14-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Denise Goldstein	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 211643 Bedford, TX 76095		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8-16-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Gary Martin	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 91588 Arlington, TX 76015		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9-30-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Robert Donalson	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5124 Golden Lane Fort Worth, TX 76123		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9-30-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Tracy Ford	Amount of contribution (\$) \$120.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 424 Hagerman, NM 80232		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

FILED
 TARRANT COUNTY
 JAN 20 2013
 2:51 PM
 STATE ELECTIONS ADMINISTRATION

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: **3 / 8**

2 FILER NAME **George B. Mackey**

3 ACCOUNT # (Ethics Commission Filers)

4 Date **10-5-13**
5 Full name of contributor out-of-state PAC (ID#: _____)
San Juan Becera
6 Contributor address; City; State; Zip Code
**5328 Wentworth St.
Fort Worth, TX 76132**

7 Amount of contribution (\$) **\$100.00**
8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date **10-7-13**
Full name of contributor out-of-state PAC (ID#: _____)
David Rosenthal
Contributor address; City; State; Zip Code
**8302 Indiana Ave, Suite 11
Lubbock, TX 79423**

Amount of contribution (\$) **\$1,000.00**
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **10-5-13**
Full name of contributor out-of-state PAC (ID#: _____)
Elouise Kennedy
Contributor address; City; State; Zip Code
**7504 Mapleleaf Dr.
North Richland Hills, TX 76182**

Amount of contribution (\$) **\$100.00**
In-kind contribution description (if applicable)
Hosted event
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **10-18-13**
Full name of contributor out-of-state PAC (ID#: _____)
Dennis Call
Contributor address; City; State; Zip Code
**2412 Ashwood Lane
Bedford, TX 76021**

Amount of contribution (\$) **\$176.44**
In-kind contribution description (if applicable)
Hosted event
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **10-22-13**
Full name of contributor out-of-state PAC (ID#: _____)
Elouise Kennedy
Contributor address; City; State; Zip Code
**7504 Mapleleaf Dr.
North Richland Hills, TX 76182**

Amount of contribution (\$) **\$100.00**
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 4/8	
2 FILER NAME George B. Mackey		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11-4-13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nancy Wilson-Webb	7 Amount of contribution (\$) \$150.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3716 Foxhollow Fort Worth, TX 76109		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11-13-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen Cushman	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2408 A. Garden Park Ct. Arlington, TX 76013		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11-14-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bill Burdock	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 714 S. Saginaw Blvd. Saginaw, TX 76179		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11-14-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary Reisor	Amount of contribution (\$) \$125.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8105 Sun Meadows Ct. Fort Worth, TX 76123		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11-14-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nancy Reisor	Amount of contribution (\$) \$125.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8105 Sun Meadows Ct. Fort Worth, TX 76123		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

FILED
 TARRANT COUNTY TX
 2014 NOV 5 PM 2:14
 CLERK OF COUNTY CLERK
 JEFFREY L. ADAMS
 COUNTY CLERK

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: **5/8**

2 FILER NAME **George B. Mackey**

3 ACCOUNT # (Ethics Commission Filers)

4 Date
11-19-13

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

7 Amount of contribution (\$)
\$50.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
**3609 Clubgate Dr.
Fort Worth, TX 76137**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
11-22-13

Full name of contributor out-of-state PAC (ID#: _____)
James R. Adams

Amount of contribution (\$)
\$1,000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**209 Geneseo Rd.
San Antonio, TX 78209**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
11-27-13

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

Amount of contribution (\$)
\$250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**6208 W. Poly Webb Rd.
Arlington, TX 76016**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
12-3-13

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

Amount of contribution (\$)
\$500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**PO Box 91588
Arlington, TX 76015**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
12-4-13

Full name of contributor out-of-state PAC (ID#: _____)
DeForrest N. Tiffany

Amount of contribution (\$)
\$500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**1701 River Run Rd, Ste. 1005
Fort Worth, TX 76107**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 6/8	
2 FILER NAME George B. Mackey		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12-4-13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rick Wade	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code PO Box 847 Arlington, TX 76004		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12-5-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodger Faherty	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4115 Linkmeadow Dr. Aledo, TX 76008		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12-5-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobby Johnson	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5100 Golden Lane Fort Worth, TX 76123		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12-5-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patricia Menikos	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 2823 Burleson, TX 76097		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12-5-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Wynne	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable) Hosted event
Contributor address; City; State; Zip Code 5128 Birchman Fort Worth, TX 76107		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

FILED
 TARRANT COUNTY
 12-5-13 PM 2:04
 ETHICS COMMISSION

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: **7/8**

2 FILER NAME **George B. Mackey**

3 ACCOUNT # (Ethics Commission Filers)

4 Date
12-9-13

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

Bill Mendrop

6 Contributor address; City; State; Zip Code
**1917 Basswood Court
Weatherford, TX 76087**

7 Amount of contribution (\$)
\$100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
12-10-13

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

Anne Holland

Contributor address; City; State; Zip Code
**PO Box 2463
Fort Worth, TX 76113**

Amount of contribution (\$)
\$1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
12-21-13

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

Edwards Canas

Contributor address; City; State; Zip Code
**1441 N. Main St.
Fort Worth, TX 76164**

Amount of contribution (\$)
\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
12-21-13

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

Armando Flores

Contributor address; City; State; Zip Code
**1441 N. Main St.
Fort Worth, TX 76164**

Amount of contribution (\$)
\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
12-23-13

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

James Emerson

Contributor address; City; State; Zip Code
**7921 Morning Lane
Fort Worth, TX 76123**

Amount of contribution (\$)
\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 8/8	
2 FILER NAME George B. Mackey		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12-30-13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tim Halden	7 Amount of contribution (\$) \$5.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3628 Washburn Ave., Apt. D Fort Worth, TX 76107		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

FILED
 TARRANT COUNTY
 2014 JAN 5 10:54
 STEPHEN R. ADAMS
 CLERK
 ELECTIONS ADMINISTRATOR

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: 1/10	2 FILER NAME George B. Mackey	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 7-5-13	5 Payee name Out of Nowhere
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6 Amount (\$) \$20.30	7 Payee address; City; State; Zip Code 1108 W. Jessamine St. Fort Worth, TX 76110
---------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description (If travel outside of Texas, complete Schedule T) Email notices
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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 7-8-13	Payee name Vistaprint.com
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Amount (\$) \$90.25	Payee address; City; State; Zip Code 95 Hayden Ave. Lexington, MA 02421
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Stationery
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7-22-13	Payee name Chip Pierce Photography
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Amount (\$) \$100.00	Payee address; City; State; Zip Code 1608 Steinburg Lane Fort Worth, TX 76134
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Photography services
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8-2-13	Payee name Ground Game
----------------	---------------------------

Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 5420 Old Orchard Dr. Fort Worth, TX 76123
---------------------------	--

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

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2/10		2 FILER NAME George B. Mackey		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8-3-13		5 Payee name Ground Game			
6 Amount (\$) \$1,500.00		7 Payee address; City; State; Zip Code 5420 Old Orchard Dr. Fort Worth, TX 76123			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Consulting Expense		(b) Description (If travel outside of Texas, complete Schedule T) Voter information	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8-24-13		Payee name Glen Bucy			
Amount (\$) \$5,000.00		Payee address; City; State; Zip Code 5420 Old Orchard Dr. Fort Worth, TX 76123			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) Consulting	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8-28-13		Payee name Glen Bucy			
Amount (\$) \$2,000.00		Payee address; City; State; Zip Code 5420 Old Orchard Dr. Fort Worth, TX 76123			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) Consulting	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9-4-13		Payee name Images Added			
Amount (\$) \$21.63		Payee address; City; State; Zip Code 6080 Hulen Bend Blvd. Fort Worth, TX 76132			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Printing	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3/10		2 FILER NAME George B. Mackey		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9-6-13		5 Payee name Out of Nowhere			
6 Amount (\$) \$100.13		7 Payee address; City; State; Zip Code 1108 W. Jessamine St. Fort Worth, TX 76110			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) Internet services	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9-12-13		Payee name National Pen			
Amount (\$) \$162.20		Payee address; City; State; Zip Code PO Box 55000 Detroit, MI 48255-2745			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Pens	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9-17-13		Payee name B+B Commercial Printing			
Amount (\$) \$173.20		Payee address; City; State; Zip Code 501 S. 5th Ave. Mansfield, TX 76063			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Printing	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9-20-13		Payee name B+B Commercial Printing			
Amount (\$) \$568.31		Payee address; City; State; Zip Code 501 S. 5th Ave. Mansfield, TX 76063			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Printing	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4/10		2 FILER NAME George B. Maceey		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9-27-13		5 Payee name Classic Graphics			
6 Amount (\$) \$722.03		7 Payee address; City; State; Zip Code 3021 Ramona Dr. Fort Worth, TX 76116			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) T-Shirts	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10-2-13		Payee name Glen Bucy			
Amount (\$) \$300.00		Payee address; City; State; Zip Code 5420 Old Orchard Dr. Fort Worth, TX 76123			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Internet services	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10-3-13		Payee name DanWal, Inc.			
Amount (\$) \$5,427.17		Payee address; City; State; Zip Code 12404 Hwy. 155 South Tyler, TX 75703			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Signs	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10-7-13		Payee name DanWal, Inc.			
Amount (\$) \$234.58		Payee address; City; State; Zip Code 12404 Hwy. 155 South Tyler, TX 75703			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Campaign materials	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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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: 5/10		2 FILER NAME George B. Mackey		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10-8-13		5 Payee name Fast Signs			
6 Amount (\$) \$63.77		7 Payee address; City; State; Zip Code 4901 S. Hulen Fort Worth, TX 76132			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) Signs	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 10-9-13		Payee name Glen Bucy			
Amount (\$) \$1,121.19		Payee address; City; State; Zip Code 5420 Old Orchard Dr. Fort Worth, TX 76123			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) Fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 10-9-13		Payee name Glen Bucy			
Amount (\$) \$4,000.00		Payee address; City; State; Zip Code 5420 Old Orchard Dr. Fort Worth, TX 76123			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Sign materials	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 10-9-13		Payee name Barbara Eason			
Amount (\$) \$40.00		Payee address; City; State; Zip Code 6305 Talgarth Ct. Fort Worth, TX 76133			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) Food for volunteers	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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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 | Printing Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | | 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: 6/10	2 FILER NAME George B. Mackey	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10-14-13	5 Payee name Out of Nowhere	
6 Amount (\$) \$70.37	7 Payee address; City; State; Zip Code 1108 W. Jessamine St. Fort Worth, TX 76110	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description (If travel outside of Texas, complete Schedule T) Internet services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date 10-14-13	Payee name Fast Signs	Office held 2011 JAN 15 PM 2:54
Amount (\$) \$63.77	Payee address; City; State; Zip Code 4901 S. Hulen St. Fort Worth, TX 76132	FILED TARRANT COUNTY
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Signs
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date 10-16-13	Payee name John Sons Press	Office held
Amount (\$) \$241.41	Payee address; City; State; Zip Code 3300 S. Freeway Fort Worth, TX 76110	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Campaign materials
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date 10-16-13	Payee name National Pen	Office held
Amount (\$) \$181.70	Payee address; City; State; Zip Code PO Box 55000 Detroit, MI 48255	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Pens
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

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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: 7/10		2 FILER NAME George B. Mackey		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10-17-13		5 Payee name Glen Bucy			
6 Amount (\$) \$457.27		7 Payee address; City; State; Zip Code 5420 Old Orchard Dr. Fort Worth, TX 76123			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) Signs	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10-21-13		Payee name Staples			
Amount (\$) \$19.87		Payee address; City; State; Zip Code 5650 Overton Ridge Blvd. Fort Worth, TX 76132			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Office supplies	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10-23-13		Payee name B+B Commercial Printing			
Amount (\$) \$129.90		Payee address; City; State; Zip Code 501 S. 5th Ave. Mansfield, TX 76063			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Campaign materials	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11-8-13		Payee name Glen Bucy			
Amount (\$) \$855.73		Payee address; City; State; Zip Code 5420 Old Orchard Dr. Fort Worth, TX 76123			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Campaign materials	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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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: 8/10		2 FILER NAME George B. Mackey		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11-8-13		5 Payee name Staples			
6 Amount (\$) \$346.90		7 Payee address; City; State; Zip Code 5650 Overton Ridge Blvd. Fort Worth, TX 76132			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Solicitation/Fundraising		(b) Description (If travel outside of Texas, complete Schedule T) Office supplies	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 11-8-13		Payee name United States Postal Service			
Amount (\$) \$184.00		Payee address; City; State; Zip Code 7101 Bryant Irvin Rd. Fort Worth, TX 76132			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Solicitation/Fundraising		Description (If travel outside of Texas, complete Schedule T) Postage	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 11-9-13		Payee name Tarrant County Republican Party			
Amount (\$) \$1,250.00		Payee address; City; State; Zip Code 2405 Gravel Dr. Fort Worth, TX 76118			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) Filing fee for primary	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 11-16-13		Payee name B+B Commercial Printing			
Amount (\$) \$43.30		Payee address; City; State; Zip Code 501 S. 5th Ave. Mansfield, TX 76063			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Campaign materials	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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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: 9/10		2 FILER NAME George B. Mackey		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11-27-13		5 Payee name John Sons Press			
6 Amount (\$) \$168.87		7 Payee address; City; State; Zip Code 3300 S. Freeway Fort Worth, TX 76110			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Printing Expense		(b) Description (If travel outside of Texas, complete Schedule T) Campaign material	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12-1-13		Payee name Home Depot			
Amount (\$) \$90.73		Payee address; City; State; Zip Code 4850 SW LOOP 820 Fort Worth, TX 76109			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Sign material	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12-4-13		Payee name United States Postal Service			
Amount (\$) \$230.00		Payee address; City; State; Zip Code 7101 Bryant Irvin Rd. Fort Worth, TX 76132			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Postage	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12-7-13		Payee name Darrell Whitsell Florist			
Amount (\$) \$78.97		Payee address; City; State; Zip Code 1506 W. Magnolia Fort Worth, TX 76104			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Gift		Description (If travel outside of Texas, complete Schedule T) Gift	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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ELECTIONS ADMIN
REGISTRATOR

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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: 10/10		2 FILER NAME George B. Mackey		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12-7-13		5 Payee name Glen Bucy			
6 Amount (\$) \$1,500.00		7 Payee address; City; State; Zip Code 5420 Old Orchard Dr. Fort Worth, TX 76123			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Consulting Expense		(b) Description (If travel outside of Texas, complete Schedule T) Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 12-14-13		Payee name Texas Conservatives Unite			
Amount (\$) \$1519.99		Payee address; City; State; Zip Code 1921 Stonehill Dr. Fort Worth, TX 76247			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Candidate Fair	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 12-18-13		Payee name Home Depot			
Amount (\$) \$116.65		Payee address; City; State; Zip Code 4850 SW Loop 820 Fort Worth, TX 76109			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Sign materials	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
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)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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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>1/2</i>		2 FILER NAME <i>George B. Mackey</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>12-17-13</i>		5 Payee name <i>Tarrant County Republican Party</i>			
6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <i>\$700.00</i>		7 Payee address; City; State; Zip Code <i>2405 Gravel Dr. Fort Worth, TX 76118</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>Candidate Tables</i>	
Date <i>11-23-13</i>		Payee name <i>Pizza Hut</i>			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <i>\$93.00</i>		Payee address; City; State; Zip Code <i>6445 McCart Fort Worth, TX 76133</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Food Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>Food for volunteers</i>	
Date <i>11-22-13</i>		Payee name <i>Albertsons</i>			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <i>\$80.97</i>		Payee address; City; State; Zip Code <i>7400 OAKMONT Fort Worth, TX 76132</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Food Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>Refreshments for volunteers</i>	
Date <i>10-7-13</i>		Payee name <i>Dollar Tree Stores, Inc.</i>			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <i>\$21.65</i>		Payee address; City; State; Zip Code <i>6216 Hulen Bend Blvd. Fort Worth, TX 76132</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Event Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>Supplies</i>	
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BY: ELECTIONS ADMINISTRATOR
 2014 JAN 15 PM 2:54
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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>2/2</i>	2 FILER NAME <i>George B. Mackey</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>7-11-13</i>	5 Payee name <i>Tarrant County Elections</i>	
6 Amount (\$) <i>\$1.40</i> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>2700 Premier St. Fort Worth, TX 76111</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Fee</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Voter information</i>
Date <i>11-20-13</i>	Payee name <i>Tarrant County Elections</i>	
Amount (\$) <i>\$1.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>2700 Premier St. Fort Worth, TX 76111</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fee</i>	Description (If travel outside of Texas, complete Schedule T) <i>Voter information</i>
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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)
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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)

FILED
 TARRANT COUNTY
 2014 JAN 11 PM 2:54
 STEVEN H. HORN
 CLERK
 ELECTIONS ADMINISTRATION

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED