

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: <div style="text-align: center; font-size: 24px; font-weight: bold;">10</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <div style="font-size: 24px; font-family: cursive;">Mr. George B.</div> NICKNAME LAST SUFFIX <div style="font-size: 24px; font-family: cursive;">Mackey</div>	<div style="border: 2px solid black; padding: 5px;"> <p style="text-align: center; font-weight: bold; margin: 0;">OFFICE USE ONLY</p> <p style="font-size: 10px; margin: 2px 0;">Date Received</p> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: 12px;"> BY: </div> <div style="text-align: center;"> ELECTIONS STEWART COUNTY CLERK </div> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: 12px;"> 2014 FEB 4 TARRANT COUNTY </div> </div> <p style="font-size: 10px; margin: 2px 0;">Date Hand-delivered or Postmarked</p> <p style="font-size: 10px; margin: 2px 0;">Receipt # Amount</p> <p style="font-size: 10px; margin: 2px 0;">Date Processed</p> <p style="font-size: 10px; margin: 2px 0;">Date Imaged</p> </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE		
5 CANDIDATE / OFFICEHOLDER PHONE	ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <div style="font-size: 24px; font-family: cursive;">Mrs. Paula</div> NICKNAME LAST SUFFIX <div style="font-size: 24px; font-family: cursive;">Mackey</div>		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
9 REPORT TYPE	<input 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 checked="" 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 <div style="font-size: 24px; font-family: cursive;">01 / 24 / 2014</div> THROUGH <div style="font-size: 24px; font-family: cursive;">02 / 22 / 2014</div>		
11 ELECTION	ELECTION DATE Month Day Year <div style="font-size: 24px; font-family: cursive;">03 / 04 / 2014</div>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <div style="font-size: 24px; font-family: cursive;">Tarrant County Criminal District Attorney</div>	

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

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)	\$ 12,280.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 620.25
	4. TOTAL POLITICAL EXPENDITURES	\$ 37,558.57
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 43,461.52
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. MACKAY, this the 24 day of February, 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: 1/6	
2 FILER NAME George B. Macey		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1-24-14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank McCown	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2408 Pleasant Circle North Arlington, TX 76015		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 1-24-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda Davis	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 13663 Arlington, TX 76094		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-25-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J. Walton Lawrence, DDS	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2115 Mount Royal Terrace Fort Worth, TX 76107		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-25-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perwez Molubhoy	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7 Savannah Ridge Dr. Frisco, TX 75034		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-25-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salman Tabani	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4132 Kickapoo Trail Carrollton, TX 75010		(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:
2/6

2 FILER NAME
George B. Mackey

3 ACCOUNT # (Ethics Commission Filers)

4 Date
1-25-14

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

7 Amount of contribution (\$)
250.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
11203 Plainview Dr.
Frisco, TX 75035

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
1-28-14

Full name of contributor out-of-state PAC (ID#: _____)
J. Steven King Jr.

Amount of contribution (\$)
200.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
1220 Rollie Michael Lane
Fort Worth, TX 76179

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
1-29-14

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

Amount of contribution (\$)
150.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
6316 Kenwick Ave.
Fort Worth, TX 76116

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
2-3-14

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

Amount of contribution (\$)
1000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
5700 Ledgestone Dr.
Fort Worth, TX 76132

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
2-4-14

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

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
5117 Golden Lane
Fort Worth, TX 76123

(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:

3/6

2 FILER NAME

George B. Mackey

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2-5-14

5 Full name of contributor

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

Richard Henderson

6 Contributor address; City; State; Zip Code

Two City Place
100 Throckmorton, Suite 540
Fort Worth, TX 76102

7 Amount of contribution (\$)

500.00

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

2-6-14

Full name of contributor

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

Anjum Anwar

Contributor address; City; State; Zip Code

5708 Baskerville
Richardson, TX 75082

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

2-6-14

Full name of contributor

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

Asif Hemani

Contributor address; City; State; Zip Code

1900 Caspian Lane
Colleyville, TX 76034

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)

Date

2-6-14

Full name of contributor

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

Margaret Holland

Contributor address; City; State; Zip Code

120 Williamsburg Lane
Fort Worth, TX 76107

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

2-7-14

Full name of contributor

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

Paul Conner

Contributor address; City; State; Zip Code

307 W. 7th #1905
Fort Worth, TX 76102

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:

4/6

2 FILER NAME

George B. Mackey

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2-7-14

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

Virginia Carter

6 Contributor address; City; State; Zip Code

111 N. Houston St.
Fort Worth, TX 76102

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

2-10-14

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

C.B. Moncrief

Contributor address; City; State; Zip Code

950 Commerce St.
Fort Worth, TX 76102

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)

Date

2-12-14

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

Brandon McGee

Contributor address; City; State; Zip Code

810 W. 10th St.
Fort Worth, TX 76102

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

2-12-14

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

Lynne Urbel

Contributor address; City; State; Zip Code

6113 Westover Dr.
Fort Worth, TX 76107

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)

Date

2-12-14

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

Brian Williams

Contributor address; City; State; Zip Code

3913 Claridge Ct.
Fort Worth, TX 76109

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:

516

2 FILER NAME

George B. Mackey

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2-13-14

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

Jim Claunch

6 Contributor address; City; State; Zip Code

10112 Rolling Hills Ct.
Fort Worth, TX 76126

7 Amount of contribution (\$)

1000.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2-15-14

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

Harry McCain

Contributor address; City; State; Zip Code

2518 So. Jennings
Fort Worth, TX 76110

Amount of contribution (\$)

50.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-18-14

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

Tom Moncrief

Contributor address; City; State; Zip Code

313 Rivercrest Dr.
Fort Worth, TX 76107

Amount of contribution (\$)

1000.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-17-14

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

Caroline Dulle

Contributor address; City; State; Zip Code

1217 Clover Lane
Fort Worth, TX 76107

Amount of contribution (\$)

500.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-19-14

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

Tom Chambers

Contributor address; City; State; Zip Code

301 Commerce St., Ste. 3025
Fort Worth, TX 76102

Amount of contribution (\$)

500.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
6/6

2 FILER NAME
George B. Mackey

3 ACCOUNT # (Ethics Commission Filers)

4 Date
2-19-14

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

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
2745 Hemphill
Fort Worth, TX 76110

500.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
2-19-14

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
777 Main St., Ste. 3940
Fort Worth, TX 76102

1000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
2-19-14

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
6004 Airport Fwy.
Fort Worth, TX 76117

500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
2-19-14

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
925 8th Avenue
Fort Worth, TX 76104

80.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
2-2-14

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
3441 Riverstone Cir. N. #111
Fort Worth, TX 76116

250.00

(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: 1/2	2 FILER NAME George B. Mackey	3 ACCOUNT # (Ethics Commission Filers)
-----------------------------------------	-----------------------------------------	-----------------------------------------------

4 Date 2-4-14	5 Payee name Walmart
-------------------------	--------------------------------

6 Amount (\$) 141.94	7 Payee address; City; State; Zip Code 6300 Oakmont Blvd. Fort Worth, TX 76132
--------------------------------	---------------------------------------------------------------------------------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Polling Expense	(b) Description (If travel outside of Texas, complete Schedule T) Phone Expense
---------------------------------	--------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------

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

Date 2-5-14	Payee name Pritchett Campaign Strategies
----------------	---------------------------------------------

Amount (\$) 8690.45	Payee address; City; State; Zip Code 6836 Brants Lane Fort Worth, TX 76116
------------------------	----------------------------------------------------------------------------------

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

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

Date 2-11-14	Payee name USPS
-----------------	--------------------

Amount (\$) 6125.11	Payee address; City; State; Zip Code 8225 Cross Park Dr. Austin, TX 78710
------------------------	---------------------------------------------------------------------------------

8 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 2-16-14	Payee name USPS
-----------------	--------------------

Amount (\$) 6125.11	Payee address; City; State; Zip Code 8225 Cross Park Dr. Austin, TX 78710
------------------------	---------------------------------------------------------------------------------

8 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
-----------------------------------------------------	-------------------------------	---------------	-------------

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: 2/2	2 FILER NAME George B. Mackey	3 ACCOUNT # (Ethics Commission Filers)		
4 Date 2-19-14	5 Payee name Pritchett Campaign Strategies			
6 Amount (\$) 8462.61	7 Payee address; City; State; Zip Code 6836 Brants Lane Fort Worth, TX 76116			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description (If travel outside of Texas, complete Schedule T) Fee		
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
9 Complete ONLY if direct expenditure to benefit C/OH				
Date 2-20-14	Payee name USPS			
Amount (\$) 1393.10	Payee address; City; State; Zip Code 8225 Cross Park Dr. Austin, TX 78710			
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		
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
Complete ONLY if direct expenditure to benefit C/OH				
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)		
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
Complete ONLY if direct expenditure to benefit C/OH				
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)		
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
Complete ONLY if direct expenditure to benefit C/OH				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED