

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

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

15 Filer ID (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.

COMMITTEE TYPE
 GENERAL
 SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

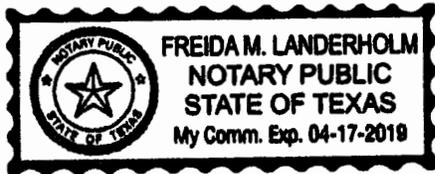
COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 500.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 29,025.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 23,191.90
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 32,100.37
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT



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

[Handwritten Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Grover G. Fickes, this the 4th day of JANUARY, 2017, to certify which, witness my hand and seal of office.

Freida M. Landerholm Freida M. Landerholm Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Mr. Grover G. "Gary" Fickes</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 28,525.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 12,548.18
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 10,247.72
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1 of 14

2 FILER NAME

Mr. Grover E. "Gary" Fickes

3 Filer ID (Ethics Commission Filers)

4 Date

9/9/16

5 Full name of contributor

Tim Britton

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

7 Amount of contribution (\$)

200.00

6 Contributor address;

1925 Al Pearson Lane

City; State; Zip Code

Westlake, Texas 76262

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/9/16

Full name of contributor

Gayle Hall

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

Amount of contribution (\$)

125.00

Contributor address;

1304 Mulholland Drive

City; State; Zip Code

Grapevine, Texas 76051

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/9/16

Full name of contributor

Minnie Hall

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

Amount of contribution (\$)

125.00

Contributor address;

1304 Mulholland Drive

City; State; Zip Code

Grapevine, Texas 76051

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/9/16

Full name of contributor

Larry Darlage

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

Amount of contribution (\$)

100.00

Contributor address;

1411 Pecos

City; State; Zip Code

Southlake, Texas 76092

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 of 14

2 FILER NAME

Mr. Grover G. "Gary" Fikes

3 Filer ID (Ethics Commission Filers)

4 Date

9/9/16

5 Full name of contributor

Faada Martin

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

7 Amount of contribution (\$)

100.00

6 Contributor address;

732 Elysee Lane

City; State; Zip Code

Keller, Texas 76248

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/12/16

Full name of contributor

GARY W. and ANN TERRY

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

Amount of contribution (\$)

100.00

Contributor address;

117 Shady Lake Court

City; State; Zip Code

Hurst, Texas 76094

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/12/16

Full name of contributor

Mark A. and Carol Howe

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

Amount of contribution (\$)

100.00

Contributor address;

3100 Carisbrooke Court Colleyville, Texas 76034

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/12/16

Full name of contributor

Mona L. Bailey

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

Amount of contribution (\$)

500.00

Contributor address;

6200 Lake Way

City; State; Zip Code

North Richland Hills, Texas 76180

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3 of 14

2 FILER NAME

Mr. Grover E. "Garry" Fickes

3 Filer ID (Ethics Commission Filers)

4 Date

9/12/16

5 Full name of contributor

Jack Lobovitz

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

7 Amount of contribution (\$)

100.00

6 Contributor address;

2810 Berry Street

City; State; Zip Code

Fort Worth, Texas 76109

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/12/16

Full name of contributor

George H. Shotwell

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

Amount of contribution (\$)

100.00

Contributor address;

2212 Brookridge Drive

City; State; Zip Code

Hurst, Texas 76094

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/12/16

Full name of contributor

Walter J. and Carol I. Miller, Jr

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

Amount of contribution (\$)

100.00

Contributor address;

1709 Arthur Drive

City; State; Zip Code

Colleyville, Texas 76034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/12/16

Full name of contributor

Victor C. and Aili Suhm

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

Amount of contribution (\$)

500.00

Contributor address;

1925 Parkwood Drive

City; State; Zip Code

Grapevine, Texas 76051

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4 of 14

2 FILER NAME

Mr. Grover G. "Gary" Fickes

3 Filer ID (Ethics Commission Filers)

4 Date

9/12/16

5 Full name of contributor

Jimmy C. Payton Sr

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

7 Amount of contribution (\$)

500.00

6 Contributor address;

R.D. Box 1222

City; State; Zip Code

Eules, Texas 76039

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/12/16

Full name of contributor

Gary E. Reynolds

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

Amount of contribution (\$)

1,000.00

Contributor address;

P.O. Box 370

City; State; Zip Code

Eules, Texas 76039

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/12/16

Full name of contributor

J.D. Johnson Campaign

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

Amount of contribution (\$)

300.00

Contributor address;

P.O. Box 132021

City; State; Zip Code

Fort Worth, Texas 76132

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/12/16

Full name of contributor

Larry and Jean Flynn

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

Amount of contribution (\$)

100.00

Contributor address;

304 Sterling Court

City; State; Zip Code

Southlake, Texas 76092

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5 of 14

2 FILER NAME

Mr. Grever G. "Gary" Fickes

3 Filer ID (Ethics Commission Filers)

4 Date

9/12/16

5 Full name of contributor

Ronnie D. Long

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

7 Amount of contribution (\$)

500.00

6 Contributor address;

2004 Airport Fwy

City; State; Zip Code

Fort Worth, Texas 76117

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/12/16

Full name of contributor

Louis H. Lebowitz

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

Amount of contribution (\$)

500.00

Contributor address;

4311 W. Lovers Lane, Suite 200 Dallas, Texas 75209

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/16/16

Full name of contributor

Marilyn F. and Michael K. Berry

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

Amount of contribution (\$)

500.00

Contributor address;

2217 Geneva Road Fort Worth, Texas 76116

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/16/16

Full name of contributor

Charles T. and Karen W. Thompson

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

Amount of contribution (\$)

25.00

Contributor address;

3103 Glen Dale Drive Colleyville, Texas 76034

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

6 of 14

2 FILER NAME

Mr. Grover G. "Gary" Fickes

3 Filer ID (Ethics Commission Filers)

4 Date

9/12/12

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

David M. and Mary Frazier

7 Amount of contribution (\$)

50.00

6 Contributor address; City; State; Zip Code

2304 Woodfield Way Bedford, Texas 76021

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/12/12

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

James Charles Powell

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

P.O. Box 4444 Hurst, Texas 76053

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/12/12

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

Kay H. and Darcy G. Anderson

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

2005 Wood Thrush Court Westlake, Texas 76262

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/12/12

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

John R. and Et. Robert A. Thorne

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

2200 S. Quail Run Court Southlake, Texas 76092

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

7 of 14

2 FILER NAME

Mr. Grover G. "Gary" Fickes

3 Filer ID (Ethics Commission Filers)

4 Date

9/23/12

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

James D. and Shirley M. Danzbaum

7 Amount of contribution (\$)

5,000.00

6 Contributor address; City; State; Zip Code
3100 W. Alabama Street Houston, Texas 77098

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/23/12

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

Freese and Nichols PAC

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code
4086 International Plaza, Suite 200 Fort Worth, Texas 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/23/12

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

Lou Hillman

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code
203 E. Northwest Hwy Grapevine, Texas 76051

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/23/12

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

Livebarger Goggin Blair & Simpson LLP

Amount of contribution (\$)

5,000.00

Contributor address; City; State; Zip Code
P.O. Box 17428 Austin, Texas 78760

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

8 of 14

2 FILER NAME

Mr. Grover G. "Gary" Fickes

3 Filer ID (Ethics Commission Filers)

4 Date

9/23/12

5 Full name of contributor

Steven A. Maudt

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

7 Amount of contribution (\$)

100.00

6 Contributor address;

124 Sem. Lake Drive

City; State; Zip Code

Trophy Club, Texas 76262

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/23/12

Full name of contributor

North Texas Funeral Homes LLC

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

Amount of contribution (\$)

200.00

Contributor address;

P.O. Box 1587

City; State; Zip Code

Hurst, Texas 76053

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/23/12

Full name of contributor

Thomas A. Wilder

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

Amount of contribution (\$)

250.00

Contributor address;

209 West Second Street

City; State; Zip Code

Fort Worth, Texas 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/23/12

Full name of contributor

Jake W. and Deborah M. Smith

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

Amount of contribution (\$)

50.00

Contributor address;

1111 Galois Drive

City; State; Zip Code

Southlake, Texas 76092

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

9 of 14

2 FILER NAME

Mr. Grover G. "Gary" Fikes

3 Filer ID (Ethics Commission Filers)

4 Date

9/23/12

5 Full name of contributor

Robert W. Austin Jr

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

7 Amount of contribution (\$)

1,000.00

6 Contributor address;

103 Parker Ridge Road

City; State; Zip Code

Palmer, Texas 75152

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/23/12

Full name of contributor

Michael and Janet Barnard

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

Amount of contribution (\$)

500.00

Contributor address;

4237 Wells Drive

City; State; Zip Code

Fort Worth, Texas 76135

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/23/12

Full name of contributor

Joel H. Hudwall

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

Amount of contribution (\$)

500.00

Contributor address;

512 Main Street, Suite 415

City; State; Zip Code

Fort Worth, Texas 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/23/12

Full name of contributor

Nevil W. Adams

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

Amount of contribution (\$)

1,750.00

Contributor address;

3950 Highway 360

City; State; Zip Code

Grapevine, Texas 76051

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

10 of 14

2 FILER NAME

Mr. Grover G. "Gary" Fickes

3 Filer ID (Ethics Commission Filers)

4 Date

9/23/12

5 Full name of contributor

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

John T. and Joan L. Lynch

6 Contributor address;

City; State; Zip Code

5301 Miramar Colleyville, Texas 76034

7 Amount of contribution (\$)

750.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/23/12

Full name of contributor

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

Sixto A. Rodriguez III

Contributor address;

City; State; Zip Code

2701 E. Victoria Ave North Richland Hills, Texas 78214

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/23/12

Full name of contributor

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

Sharon Wilson for District Attorney

Contributor address;

City; State; Zip Code

P.O. Box 282 Fort Worth, Texas 76101

Amount of contribution (\$)

150.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/23/12

Full name of contributor

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

Roxanne L. Pillar

Contributor address;

City; State; Zip Code

5220 Charlott Street Fort Worth, Texas 76112

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

11 of 14

2 FILER NAME

Mr. Grover G. "Gary" Ficker

3 Filer ID (Ethics Commission Filers)

4 Date

9/23/12

5 Full name of contributor

Edward M. Andrews

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

7 Amount of contribution (\$)

100.00

6 Contributor address;

1013 SIENA DRIVE

City; State; Zip Code

Southlake, Texas 76092

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/23/12

Full name of contributor

S.D. and NJ Hart

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

Amount of contribution (\$)

100.00

Contributor address;

2703 Colleyville Blvd

City; State; Zip Code

Colleyville, Texas 76034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/8/12

Full name of contributor

Gib Lewis

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

Amount of contribution (\$)

200.00

Contributor address;

2300 Race Street

City; State; Zip Code

Fort Worth, Texas 76111

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/3/12

Full name of contributor

HALLE Associates - State PAC

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

Amount of contribution (\$)

500.00

Contributor address;

1201 N. Bowser Road

City; State; Zip Code

Richardson, Texas 75081

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

12 of 14

2 FILER NAME

Mr. Grover G. "Gary" Fickas

3 Filer ID (Ethics Commission Filers)

4 Date

10/3/16

5 Full name of contributor

Laura K. Hill

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

7 Amount of contribution (\$)

250.00

6 Contributor address;

1201 Kings Court

City; State; Zip Code

Sarthlake, Texas 76092

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/3/16

Full name of contributor

William F. and Mary C. Stover

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

Amount of contribution (\$)

250.00

Contributor address;

530 Indian Creek Drive Trophy Club, Texas 76262

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/3/16

Full name of contributor

Deborah L. and Curtis E. Hawk

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

Amount of contribution (\$)

50.00

Contributor address;

P.O. Box 897 Burleson, Texas 76097-0897

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/3/16

Full name of contributor

William W. and Patricia E. Meadows

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

Amount of contribution (\$)

250.00

Contributor address;

3904 Hamblaw Avenue Fort Worth, Texas 76107

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

13 of 14

2 FILER NAME

Mr. Grover G. "Gary" Fikes

3 Filer ID (Ethics Commission Filers)

4 Date

10/3/16

5 Full name of contributor

MeLo Mitelt

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

7 Amount of contribution (\$)

1,000.00

6 Contributor address;

4453 Crestline Road Fort Worth, Texas 76107

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/19/16

Full name of contributor

Mark R. Berry

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

Amount of contribution (\$)

1,000.00

Contributor address;

1700 Forest Bend Lane Keller, Texas 76248

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/19/16

Full name of contributor

Kasey S. Pipes

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

Amount of contribution (\$)

250.00

Contributor address;

3700 Country Club Circle Fort Worth, Texas 76019

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/1/16

Full name of contributor

Robert Beall

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

Amount of contribution (\$)

1,000.00

Contributor address;

5300 Miramar Lane Colleyville, Texas 76034

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

14 of 14

2 FILER NAME

Mr. Grover G. "Gary" Fickes

3 Filer ID (Ethics Commission Filers)

4 Date

11/1/16

5 Full name of contributor

Scott Bradley

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

7 Amount of contribution (\$)

100.00

6 Contributor address;

Ave Ridgebrooke

City; State; Zip Code

Westlake, Texas 76262

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/1/16

Full name of contributor

Metro Tex Association of Realtors, PAC

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

Amount of contribution (\$)

1,500.00

Contributor address;

8201 N. Stemmons Frewy

City; State; Zip Code

Dallas, Texas 75247

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>1 of 12</i>	2 FILER NAME <i>Mr. Grover G. "Garry" Fickes</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>7/2/12</i>	5 Payee name <i>Michael's</i>	
6 Amount (\$) <i>227.49</i>	7 Payee address; City; State; Zip Code <i>846 Northwest Mall Blvd Hurst, Texas 76053</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Office Overhead</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Framing for Pictures</i>
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>7/7/12</i>	Payee name <i>Glen Whitley Campaign</i>	
Amount (\$) <i>250.00</i>	Payee address; City; State; Zip Code <i>345 Charleston Place Hurst, Texas 76054</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contributions/Donations Made By Officeholder</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Campaign Contribution</i>
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>7/14/12</i>	Payee name <i>Michael's</i>	
Amount (\$) <i>141.98</i>	Payee address; City; State; Zip Code <i>846 Northwest Mall Blvd Hurst, Texas 76053</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Office Overhead</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Framing for Award</i>
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: **2 of 16** 2 FILER NAME: **Mr. Grover G. "Gary" Fickes** 3 Filer ID (Ethics Commission Filers)

4 Date: **7/18/16** 5 Payee name: **Internet Domain Name Services, Inc**

6 Amount (\$): **180.00** 7 Payee address; City; State; Zip Code: **924 Bergen Ave, Suite 289 Jersey City, NJ 07306-3018**

8 PURPOSE OF EXPENDITURE: **Fees**
 (a) Category (See Categories listed at the top of this schedule)
 (b) Description: Check if travel outside of Texas. Complete Schedule T. **Campaign Website**
 Check if Austin, TX, officeholder living expense

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

Date: **7/21/16** Payee name: **Sam Houston State University Alumni**

Amount (\$): **250.00** Payee address; City; State; Zip Code: **P.O. Box 2022 Huntsville, Texas 77341**

PURPOSE OF EXPENDITURE: **Contributions/Donations Made By Officeholder**
 Category (See Categories listed at the top of this schedule)
 Description: Check if travel outside of Texas. Complete Schedule T. **Event Sponsorship**
 Check if Austin, TX, officeholder living expense

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

Date: **7/27/16** Payee name: **AweSome Blossoms**

Amount (\$): **30.34** Payee address; City; State; Zip Code: **100 S. Hampshire Street Saginaw, Texas 72179**

PURPOSE OF EXPENDITURE: **Gift/Awards/Memorial Expense**
 Category (See Categories listed at the top of this schedule)
 Description: Check if travel outside of Texas. Complete Schedule T. **Flowers for Funeral**
 Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3 of 16	2 FILER NAME Mr. Grover G. "Gary" Fickes	3 Filer ID (Ethics Commission Filers)
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4 Date 8/1/16	5 Payee name Dennis's Shingleton Campaign
-------------------------	---

6 Amount (\$) 250.00	7 Payee address; City; State; Zip Code P.O. Box 470336 Fort Worth, Texas 76147
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Officeholder	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/2/16	Payee name Loves
-----------------------	----------------------------

Amount (\$) 155.53	Payee address; City; State; Zip Code 770 Grapevine Hwy Hurst, Texas 76094
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions / Donations Made By Officeholder	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense United Way Fundraiser
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/4/16	Payee name Texas Wine Tribute
-----------------------	---

Amount (\$) 250.00	Payee address; City; State; Zip Code 432 S. Main Street Grapevine, Texas 76051
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Officeholder	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4 of 16	2 FILER NAME Mr. Grover G. "Gary" Fickes	3 Filer ID (Ethics Commission Filers)
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4 Date 8/9/16	5 Payee name Republican Party of Texas
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6 Amount (\$) 250.00	7 Payee address; City; State; Zip Code P.O. Box 2206 Austin, Texas 78768
--------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Officeholder	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/9/16	Payee name Boy Scouts of America - Loughorn Council
----------------	--

Amount (\$) 250.00	Payee address; City; State; Zip Code P.O. Box 54190 Hurst, Texas 76094
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Officeholder	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/10/16	Payee name Colleyville Lions Club
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Amount (\$) 250.00	Payee address; City; State; Zip Code P.O. Box 536 Colleyville, Texas 76034
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Officeholder	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hole in One Sponsor
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5 of 16	2 FILER NAME Mr. Grover G. "Gary" Fickes	3 Filer ID (Ethics Commission Filers)
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4 Date 8/15/16	5 Payee name Grapevine Rotary
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6 Amount (\$) 179.00	7 Payee address; City; State; Zip Code 308 S. Main Grapevine, Texas 76099
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership Dues
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/19/16	Payee name Andy Nguyen Campaign
------------------------	---

Amount (\$) 250.00	Payee address; City; State; Zip Code P.O. Box 151272 Arlington, Texas 76015
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Officeholder	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/25/16	Payee name Minuteman Press
------------------------	--------------------------------------

Amount (\$) 77.51	Payee address; City; State; Zip Code 2527 Grand Drive Fort Worth, Texas 76118
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6 of 16	2 FILER NAME Mr. Grover G. "Gary" Fickes	3 Filer ID (Ethics Commission Filers)
--	--	---------------------------------------

4 Date 8/26/16	5 Payee name Colleyville Lions Club
--------------------------	---

6 Amount (\$) 91.00	7 Payee address; City; State; Zip Code P.O. Box 936 Colleyville, Texas 76034
-------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership Dues
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/29/16	Payee name HEB ISD Education Foundation
------------------------	---

Amount (\$) 500.00	Payee address; City; State; Zip Code P.O. Drawer 929 Bedford, Texas 76095
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Officeholder	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/30/16	Payee name Kenni Burton Campaign
------------------------	--

Amount (\$) 250.00	Payee address; City; State; Zip Code P.O. Box 1246 Colleyville, Texas 76034
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Officeholder	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7 of 16	2 FILER NAME Mr. Grover G. "Gary" Fickes	3 Filer ID (Ethics Commission Filers)
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4 Date 8/30/16	5 Payee name Theresa Parsons
--------------------------	--

6 Amount (\$) 180.00	7 Payee address; City; State; Zip Code 608 Woodside Drive Hurst, Texas 76053
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Fundraiser
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/30/16	Payee name Mike Wallach
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Amount (\$) 200.00	Payee address; City; State; Zip Code 3951 Spring Garden Drive Colleyville, Texas 76034
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Officeholder	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/2/16	Payee name United Way of Tarrant County
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Amount (\$) 100.00	Payee address; City; State; Zip Code 1500 N. Main Street, Suite 200 Fort Worth, Texas 76104-0448
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Officeholder	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8 of 12		2 FILER NAME Mr. Grover G. "Gary" Fickes		3 Filer ID (Ethics Commission Filers)	
4 Date 9/7/12		5 Payee name Jungus Jordan Campaign			
6 Amount (\$) 250.00		7 Payee address; City; State; Zip Code 5312 Starry Court Fort Worth, Texas 76123			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Officeholder		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 9/8/12		Payee name Dicks Unlimited Inc., NE Tarrant County Chapter			
Amount (\$) 55.00		Payee address; City; State; Zip Code 1 Waterford Way Memphis, TN 38120-2350			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Officeholder		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 9/23/12		Payee name Sharon Wilson Campaign			
Amount (\$) 500.00		Payee address; City; State; Zip Code P.O. Box 282 Fort Worth, Texas 76101			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Officeholder		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 9 of 16	2 FILER NAME Mr. Grover G. "Gry" Fickes	3 Filer ID (Ethics Commission Filers)
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4 Date 9/23/16	5 Payee name Hurst Fire Fighters Association
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6 Amount (\$) 150.00	7 Payee address; City; State; Zip Code P.O. Box 54505 Hurst, Texas 76094-4505
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions / Donations Made By Officeholder	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/26/16	Payee name Grapevine Rotary
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Amount (\$) 113.00	Payee address; City; State; Zip Code 308 S. Main Grapevine, Texas 76099
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership Dues
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/27/16	Payee name Orio Tuscan Grille
------------------------	---

Amount (\$) 816.11	Payee address; City; State; Zip Code 1431 Plaza Place Southlake, Texas 76092
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraiser Event
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 10 of 16		2 FILER NAME Mr. Grover G. "Gary" Ficks		3 Filer ID (Ethics Commission Filers)	
4 Date 9/27/12		5 Payee name Bill Waybourn Campaign			
6 Amount (\$) 500.00		7 Payee address; City; State; Zip Code P.O. Box 151309 Arlington, Texas 76016			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Officeholder		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

Date 9/28/12		Payee name Texas for Life Coalition			
Amount (\$) 100.00		Payee address; City; State; Zip Code 5616 Forrest Road Drive Arlington, Texas 76017			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Officeholder		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

Date 9/28/12		Payee name Bob Jones Nature Center			
Amount (\$) 1,000.00		Payee address; City; State; Zip Code 355 E. Bob Jones Road Southlake, Texas 76092			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Officeholder		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>11 of 12</i>	2 FILER NAME <i>Mr. Grover F. "Gary" Fickes</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>9/29/16</i>	5 Payee name <i>Justice Debra Lehmann</i>
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6 Amount (\$) <i>250.00</i>	7 Payee address; City; State; Zip Code <i>P.O. Box 1565 Austin, Texas 78767</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Contributions / Donations Made By Officeholder</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Campaign Contribution</i>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10/4/16</i>	Payee name <i>HEB Chamber of Commerce</i>
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Amount (\$) <i>219.00</i>	Payee address; City; State; Zip Code <i>P.O. Box 929 Bedford, Texas 76095</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Membership Dues</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10/5/16</i>	Payee name <i>Office Depot</i>
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Amount (\$) <i>30.00</i>	Payee address; City; State; Zip Code <i>9131 Hwy 26 North Richland Hills, Texas 76180</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Office Overhead</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Stationery</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 12 of 16	2 FILER NAME Mr. Grover B. "Gary" Fickes	3 Filer ID (Ethics Commission Filers)
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4 Date 10/5/16	5 Payee name U.S. Post Office
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6 Amount (\$) 47.00	7 Payee address; City; State; Zip Code 777 Canna Street Hurst, Texas 76054
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stamps
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/6/16	Payee name Senator Inwe Nelson Campaign
------------------------	---

Amount (\$) 250.00	Payee address; City; State; Zip Code P.O. Box 608 Grapevine, Texas 76099
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Officeholder	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/20/16	Payee name Kelly Hancock Campaign
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Amount (\$) 250.00	Payee address; City; State; Zip Code P.O. Box 821349 North Richland Hills, Texas 76182
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Officeholder	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: **13 of 16** 2 FILER NAME: **Mr. Grover G. "Gary" Fickes** 3 Filer ID (Ethics Commission Filers)

4 Date: **10/24/16** 5 Payee name: **JONATHAN Stickland Campaign**

6 Amount (\$): **250.00** 7 Payee address; City; State; Zip Code: **821 Mowette Drive Bedford, Texas 76022**

8 PURPOSE OF EXPENDITURE: **Contributions / Donations Made By Officeholder**

(a) Category (See Categories listed at the top of this schedule): **Contributions / Donations Made By Officeholder**

(b) Description: Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense
Campaign Contribution

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

Date: **10/28/16** Payee name: **WALK for PKD**

Amount (\$): **150.00** Payee address; City; State; Zip Code: **1400 Main Street Southlake, Texas 76096**

PURPOSE OF EXPENDITURE: **Contributions / Donations Made By Officeholder**

Category (See Categories listed at the top of this schedule): **Contributions / Donations Made By Officeholder**

Description: Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense
Donation

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

Date: **11/2/16** Payee name: **Theresa Parsons**

Amount (\$): **162.00** Payee address; City; State; Zip Code: **608 Woodside Drive Hurst, Texas 76053**

PURPOSE OF EXPENDITURE: **Contract Labor**

Category (See Categories listed at the top of this schedule): **Contract Labor**

Description: Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense
Campaign Work

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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>14 of 16</i>	2 FILER NAME <i>Mr. Grover G. "Gary" Fickes</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>11/19/16</i>	5 Payee name <i>Bice's Florist</i>	
6 Amount (\$) <i>91.99</i>	7 Payee address; City; State; Zip Code <i>250 W. Bedford Edessa Road Hurst, Texas 76053</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Gift/Awards/Memorials Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Flowers - Funeral</i>
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>11/25/16</i>	Payee name <i>Diana Hillard</i>	
Amount (\$) <i>300.00</i>	Payee address; City; State; Zip Code <i>2651 Eagle Crest Drive North Richland Hills, Texas 76180</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Gift/Awards/Memorials Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Bereavement Gift</i>
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>11/30/16</i>	Payee name <i>Colleyville Gaus Club</i>	
Amount (\$) <i>250.00</i>	Payee address; City; State; Zip Code <i>P.O. Box 536 Colleyville, Texas 76034</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contributions/Donations Made By Officeholder</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Breakfast with Santa Spenser</i>
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>15 of 16</i>	2 FILER NAME <i>Mr. Grover G. "Gary" Fickes</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>12/6/16</i>	5 Payee name <i>Tarrant County GOP</i>	
6 Amount (\$) <i>300.00</i>	7 Payee address; City; State; Zip Code <i>2405 Gravel Road Fort Worth, Texas 76118</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Contributions/Donations Made By Officeholder</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Election Night Event</i>
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date <i>12/12/16</i>	Payee name <i>Minuteman Press</i>	
Amount (\$) <i>1,277.06</i>	Payee address; City; State; Zip Code <i>2567 Gravel Road Fort Worth, Texas 76118</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Campaign Material</i>
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date <i>12/12/16</i>	Payee name <i>Greater Keller Chamber of Commerce</i>	
Amount (\$) <i>175.00</i>	Payee address; City; State; Zip Code <i>420 Johnson Road Keller, Texas 76248</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Membership Dues</i>
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>16 of 16</i>	2 FILER NAME <i>Mr. Grover G. "Gary" Fickes</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>12/15/16</i>	5 Payee name <i>Feed Store BBQ</i>
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6 Amount (\$) <i>97.93</i>	7 Payee address; City; State; Zip Code <i>530 S. White Chapel Blvd Southlake, Texas 76092</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food / Beverage Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Christmas Party - Southlake</i>
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12/15/16</i>	Payee name <i>Center For Transforming Lives</i>
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Amount (\$) <i>100.00</i>	Payee address; City; State; Zip Code <i>512 W. 4th Street Fort Worth, Texas 76102</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contributions / Donations Made By Officeholder</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Donation</i>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12/19/16</i>	Payee name <i>Feed Store BBQ</i>
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Amount (\$) <i>155.28</i>	Payee address; City; State; Zip Code <i>530 S. White Chapel Blvd Southlake, Texas 76092</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food / Beverage Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Christmas Party - Hurst</i>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <i>1 of 16</i>	2 FILER NAME <i>Mr. Grover G. "Gary" Fickes</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>7/6/16</i>	5 Payee name <i>Bellissimo Italian</i>	
6 Amount (\$) <i>91.19</i>	7 Payee address; City; State; Zip Code <i>5309 Colbyville Blvd Colbyville, Texas 76034</i>	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food/Beverage Expense</i>	(b) Description <i>Lunch with Constables</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>7/6/16</i>	Payee name <i>La Bistro</i>	
Amount (\$) <i>79.14</i>	Payee address; City; State; Zip Code <i>722 Grapevine Hwy Hurst, Texas 76054</i>	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/Beverage Expense</i>	(b) Description <i>Lunch with Staff</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>7/8/16</i>	Payee name <i>Swiss Bakery</i>	
Amount (\$) <i>34.43</i>	Payee address; City; State; Zip Code <i>3936 Vickory Fort Worth, Texas 76107</i>	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/Beverage Expense</i>	(b) Description <i>lunch</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2 of 16	2 FILER NAME Mr. Grover G. "Gary" Fickes	3 Filer ID (Ethics Commission Filers)
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4 Date 7/6/16	5 Payee name Krispy Kreme Donuts
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6 Amount (\$) 62.43 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 3805 Ira Woods Grapevine, Texas 76091
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Coffee with Commissioner <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/6/16	Payee name Black Walnut
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Amount (\$) 58.58 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 125 Church Street Colleyville, Texas 76034
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description lunch <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/6/16	Payee name Kiwacids Hamburgers
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Amount (\$) 19.69 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 100 N. Kimball Road Southlake, Texas 76092
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description lunch <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 3 of 16	2 FILER NAME Mr. Grover G. "Gmy" Fickes	3 Filer ID (Ethics Commission Filers)
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4 Date 7/2/16	5 Payee name 01' South Pinecok House
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6 Amount (\$) 27.42	7 Payee address; City; State; Zip Code 1507 University Drive Fort Worth, Texas 76107
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Breakfast <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/9/16	Payee name Brio Tuscan Grille
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Amount (\$) 51.11	Payee address; City; State; Zip Code 1431 PLAZA PLACE Southlake, Texas 76092
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Lunch <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/9/16	Payee name Harow Brothers
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Amount (\$) 4.32	Payee address; City; State; Zip Code 4709 Colleyville Blvd Colleyville, Texas 76034
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	

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

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <i>4 of 16</i>	2 FILER NAME <i>Mr. Grover G. "Gary" Ficker</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>8/9/16</i>	5 Payee name <i>Bacon's Bistro</i>
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6 Amount (\$) <i>22.92</i>	7 Payee address; City; State; Zip Code <i>714 Grapevine Hwy Hurst, Texas 76054</i>
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food/Beverage Expense</i>	(b) Description <i>Lunch</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>8/9/16</i>	Payee name <i>Krispy Kreme Donuts</i>
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Amount (\$) <i>55.93</i>	Payee address; City; State; Zip Code <i>3205 Ira E. Woods Grapevine, Texas 76051</i>
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/Beverage Expense</i>	(b) Description <i>Coffee with Commissioner</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>8/9/16</i>	Payee name <i>Swiss Pastry Shop</i>
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Amount (\$) <i>24.00</i>	Payee address; City; State; Zip Code <i>3936 Vickery Blvd Fort Worth, Texas 76107</i>
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/Beverage Expense</i>	(b) Description <i>Breakfast</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <i>5 of 16</i>	2 FILER NAME <i>Mr. Grover G. "Gary" Fickes</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>8/9/16</i>	5 Payee name <i>Mi Cocina</i>
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6 Amount (\$) <i>55.58</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>1276 Main Street Southlake, Texas 76092</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food/Beverage Expense</i>	(b) Description <i>Dinner</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>8/9/16</i>	Payee name <i>Ace Mart Supply</i>
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Amount (\$) <i>14.60</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>5600 N. Douglas Hwy Haltom City, Texas 76148</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Office Overhead</i>	(b) Description <i>Supplies</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>8/9/16</i>	Payee name <i>Teddy's Bigger Burgers</i>
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Amount (\$) <i>19.09</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>4712 Colleyville Blvd Colleyville, Texas 76034</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/Beverage Expense</i>	(b) Description <i>lunch</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <i>6 of 16</i>	2 FILER NAME <i>Mr. Grover G. "Gry" Fickes</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>8/9/16</i>	5 Payee name <i>The Breakfast Bar</i>
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6 Amount (\$) <i>33.88</i>	7 Payee address; City; State; Zip Code <i>70 Atlantic Ave Long Beach, Ca. 90802</i>
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food/Beverage Expense</i>	(b) Description <i>Breakfast</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>8/9/16</i>	Payee name <i>Wildwood Grill</i>
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Amount (\$) <i>73.49</i>	Payee address; City; State; Zip Code <i>2700 E. Southlake Blvd Southlake, Texas 74092</i>
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/Beverage Expense</i>	(b) Description <i>Dinner</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>9/15/16</i>	Payee name <i>Italinow's</i>
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Amount (\$) <i>45.72</i>	Payee address; City; State; Zip Code <i>1201 Precinct One Rd Hurst, Texas 76054</i>
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	

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

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 7 of 16	2 FILER NAME Mr. Grover G. "Gary" Fickes	3 Filer ID (Ethics Commission Filers)
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4 Date 9/15/16	5 Payee name Bacon's
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6 Amount (\$) 25.39 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 714 Grapevine Hwy Hurst, Texas 76054
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Breakfast Meeting <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/15/16	Payee name La Bistro Grill
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Amount (\$) 299.54 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 722 Grapevine Hwy Hurst, Texas 76054
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Empowering Seniors Meetings <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/15/16	Payee name Furniture Consignment Gallery
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Amount (\$) 86.59 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2000 Colleyville Blvd Colleyville, Texas 76034
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description Fundraiser Drawing Prize <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <i>8 of 16</i>	2 FILER NAME <i>Mr. Grover G. "Garry" Fickes</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>9/15/16</i>	5 Payee name <i>Black Walnut</i>
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6 Amount (\$) <i>20.25</i>	7 Payee address; City; State; Zip Code <i>1205 Church Street Colleyville, Texas 76034</i>
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food/Beverage Expense</i>	(b) Description <i>Meeting</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>9/15/16</i>	Payee name <i>Swiss Pastry</i>
------------------------	-----------------------------------

Amount (\$) <i>27.55</i>	Payee address; City; State; Zip Code <i>3932 W. Vickery Fort Worth, Texas 76107</i>
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/Beverage Expense</i>	(b) Description <i>Meeting</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>9/15/16</i>	Payee name <i>Espranza's Restaurant</i>
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Amount (\$) <i>131.12</i>	Payee address; City; State; Zip Code <i>2122 N. Main Fort Worth, Texas 76124</i>
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	

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

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <i>9 of 16</i>	2 FILER NAME <i>Mr. Grover G. "Gary" Fickes</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>9/15/14</i>	5 Payee name <i>Krispy Kreme Donuts</i>
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6 Amount (\$) <i>52.94</i>	7 Payee address; City; State; Zip Code <i>3205 Ira Woods Grapevine, Texas 76051</i>
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food/Beverage Expense</i>	(b) Description <i>Coffee with Commissioner</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>9/15/14</i>	Payee name <i>USPS</i>
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Amount (\$) <i>94.00</i>	Payee address; City; State; Zip Code <i>777 Cannon Dr Hurst, Texas 76054</i>
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Solicitation/Fundraising Expense</i>	(b) Description <i>Stamps</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>9/15/14</i>	Payee name <i>Theresa Parsons</i>
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Amount (\$) <i>180.00</i>	Payee address; City; State; Zip Code <i>608 Woodside Dr Hurst, Texas 76053</i>
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	

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

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 10 of 16	2 FILER NAME Mr. Grover G. "Gary" Fickes	3 Filer ID (Ethics Commission Filers)
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4 Date 10/20/16	5 Payee name Sweet Spot Donuts
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6 Amount (\$) 39.85 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 3105 Ira Woods Grapevine, Texas 76051
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Meeting <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/20/16	Payee name Tom Thumb
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Amount (\$) 230.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 302 Park Blvd Grapevine, Texas 76051
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense	(b) Description Empowering Survivors <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/20/16	Payee name HEB Chamber of Commerce
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Amount (\$) 20.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 969 Bedford, Texas 76021
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Luncheon <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 11 of 16	2 FILER NAME Mr. Bruce G. "Gary" Fickes	3 Filer ID (Ethics Commission Filers)
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4 Date 10/20/16	5 Payee name Joe's Grab Shack
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6 Amount (\$) 51.92 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 3040 Western Center Blvd Fort Worth, Texas 76107
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Meeting <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/20/16	Payee name Romano's Macaroni Grill
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Amount (\$) 52.27 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1505 University Fort Worth, Texas 76107
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Meeting <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/20/16	Payee name Howard Wangs
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Amount (\$) 47.05 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1471 E. Southlake Blvd Southlake, Texas 76092
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Meeting <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <i>12 of 16</i>	2 FILER NAME <i>Mr. Grover G. "Gary" Fickes</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>10/28/16</i>	5 Payee name <i>Custom Contact</i>	
6 Amount (\$) <i>7,331.50</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>17 Battery Place New York, NY 10004</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Solicitation/Fundraising Expense</i>	(b) Description <i>Mass Email Service March 2010 thru November 2016</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>12/19/16</i>	Payee name <i>Acc Mart</i>	
Amount (\$) <i>16.44</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>5500 N. Denton Hwy Haltom City, Texas 76148</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Office Overhead</i>	(b) Description <i>Cups and Lids</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>12/19/16</i>	Payee name <i>HEB Grocery</i>	
Amount (\$) <i>184.05</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>3804 Hwy 377 Granbury, Texas 76049</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/Beverage Expense</i>	(b) Description <i>Donated Hunts</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 13 of 16	2 FILER NAME Mr. Grover G. "Gary" Fickes	3 Filer ID (Ethics Commission Filers)
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4 Date 12/19/16	5 Payee name Swiss Pastry
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6 Amount (\$) 51.84	7 Payee address; City; State; Zip Code 3936 W. Vickery Fort Worth, Texas 76107
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Breakfast <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/19/16	Payee name Smutter's
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Amount (\$) 28.23	Payee address; City; State; Zip Code 4717 Colleyville Blvd Colleyville, Texas 76034
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description lunch <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/19/16	Payee name Yolk
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Amount (\$) 39.31	Payee address; City; State; Zip Code 305 Main Street Fort Worth, Texas 76102
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Breakfast <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 14 of 16	2 FILER NAME Mr. Grover G. "Gary" Fikes	3 Filer ID (Ethics Commission Filers)
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4 Date 12/19/12	5 Payee name BACON'S BISTRO + Cafe
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6 Amount (\$) 51.83 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 714 Grapewine Hwy Hurst, Texas 76051
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Breakfast <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/19/12	Payee name Cheesecake Factory
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Amount (\$) 52.76 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 455 Commerce Street Fort Worth, Texas 76102
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Dinner <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/19/12	Payee name Posados
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Amount (\$) 46.59 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 6770 Fossil Bluff Drive Fort Worth, Texas 76137
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Dinner <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 15 of 16	2 FILER NAME Mr. Grover G. "Gary" Fickes	3 Filer ID (Ethics Commission Filers)
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4 Date 12/19/16	5 Payee name Nikki's Italian Bistro
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6 Amount (\$) 53.34	7 Payee address; City; State; Zip Code 5249 Davis Blvd North Richland Hills, Texas 76180
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food / Beverage Expense	(b) Description DINNER <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/19/16	Payee name P.F. Changs
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Amount (\$) 117.38	Payee address; City; State; Zip Code 650 W. Hwy 114 Grapevine, Texas 76051
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Beverage Expense	(b) Description DINNER <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/19/16	Payee name Ana's Mexican Cafe
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Amount (\$) 40.40	Payee address; City; State; Zip Code 1009 Check Sparger Rd Colleyville, Texas 76034
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	

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

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <i>16 of 16</i>	2 FILER NAME <i>Mr. Grover G. "Gary" Fickes</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>12/19/16</i>	5 Payee name <i>HEB Grocery</i>
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6 Amount (\$) <i>70.38</i>	7 Payee address; City; State; Zip Code <i>2150 Washington Street Stephenville, Texas 76401</i>
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food/Beverage Expense</i>	(b) Description <i>Dinnered Host</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12/29/16</i>	Payee name <i>Target</i>
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Amount (\$) <i>475.00</i>	Payee address; City; State; Zip Code <i>1401 W. Glade Road Euless, Texas 76039</i>
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Gift/Awards/Memorial Expense</i>	(b) Description <i>Gift Cards - Staff Christmas</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	

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