# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction	n Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers) N/A	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	Mr. George W.  NICKNAME LAST  RUSSEll	MI	OFFICE USE ONLY  Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of address  5 CANDIDATE/	P.O. Box 3 Marble Falls,  AREA CODE PHONE NUMBER	STATE: ZIP CODE  TX. 78654  EXTENSION	Date Hand-delivered of Postmarkeld  Receipt # Amount
OFFICEHOLDER PHONE  6 CAMPAIGN TREASURER NAME	(830) 798-2407  MS/MRS/MR FIRST  Mr. Johnny K.  NICKNAME LAST  Lacy	MI 	Date Processed  Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #; 523 CR. 136A Kings	city; state; land, Texas	ZIP CODE 78639
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (830) 693-7294	EXTENSION	
9 REPORT TYPE	X January 15 30th day before election  July 15 8th day before election	Runoff [	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 09 13 2013 THROUGH	Month Day 12/31/	Year (2013)
11 ELECTION	Month Day Year X Primary [	Runoff G	eneral Special
	officeHeld (famy) Mayor City of Marble Falls, Texas	13 OFFICE SOUGHT (FKNOWN)  County Judge	- Burnet, County
	GO TO PAGE	2	

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH

			COVER SHEET PG 2
14 C/OH NAME	Puggoll		15 ACCOUNT # (Ethics Commission Filers
George W.	T	YE OF DO TION ON THE STATE OF T	N/A
POLITICAL COMMITTEE(S)	ONNE DATE / OFFICE	TICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAINTHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	MATE'S OR OSSIGNATION RED'S WHOLE ST
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	N/A	
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages			
	×	COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL P	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	\$ 1,260.00
· 8 · · · · · · · ·	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 13,200.00
EXPENDITURE TOTALS	3 TOTAL PO	DLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMI	\$ -0-
	4. TOTAL F	POLITICAL EXPENDITURES	\$ 5,750.27
CONTRIBUTION BALANCE	5. TOTAL PO OF REPO	LITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA RTING PERIOD	\$ 10,661.27
OUTSTANDING LOAN TOTALS	6. TOTAL PR	INCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH OF THE REPORTING PERIOD	\$ 1,951.99
18 AFFIDAVIT			
Notary My C	IALEE B. NOLEN Public, State of Text ommission Expires July 07, 2015	I swear, or affirm, under penalty of pris true and correct and includes all in me under Title 15, Election Code.	erjury, that the accompanying report formation required to be reported by
Inales /	3. Nolen 1 SEAL ABOVE	Signature of Candid	ate or Officeholder
	of Januar	e, by the said <u>George W. Rus</u> , 20 14, to certify which, witness my	
Signature of officer adminis	stering oath	Printed name of officer administering oath	Title of officer administering oath

P.O. Box 12070

#### SCHEDULE A

Th	e instruction Guide explains how to complete thi	is form.	1 Total pages So	
2 FILER NAMI Geor	ge W. Russell		3 ACCOUNT # (	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of	8 In-kind contribution
10/28/13	Rick Stacy		contribution (\$)	
	6 Contributor address; City; State; Zip Code 108 Bent Oak Cove, Marble F	alls, TX	7230.00	1
	78654			İ
9 Principal occi Retir	upation / Job title (See Instructions) ed	10 Employer (See	(If travel outside Instructions)	of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of	
10/28/13			contribution (\$)	In-kind contribution description (if applicable)
10,20,13	Contributor address; City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •	\$250.00	İ
	500 Industrial Blvd.	1		
	Marble Falls, Texas 78654			l
Principal occu Sales Ma	pation / Job title (See Instructions) Inager	Employer (See I Self-emplo	nstructions)	of Texas, complete Schedule T)
Date	Full name of contributor  ut-of-state PAC (ID#:		Amount of	In-kind contribution
10/28/13	Charlie Keiser		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code 704 2nd St.,		\$200.00	
	Marble Falls, Texas 78654		(If traval outside a	f Tanana arangka O. k. k. a
Principal occup Real Est	pation / Job title (See Instructions) ate Broker	Employer (See In Self-employ	estructions)	of Texas, complete Schedule T)
Date	Full name of contributor  ut-of-state PAC (ID#:		Amount of	In-kind contribution
10	Terry L. Turner	ļ	contribution (\$)	description (if applicable)
10/28/13	Contributor address; City; State; Zip Code 313 Meadowlake Dr.		\$250.00	
	Meadowlakes, Texas 78654		2.	
Principal occup	ation / Job title (See Instructions)	Employer (See In	(If travel outside of structions)	Texas, complete Schedule T)
Physicia	an	Scott & Wh	ite Héalth	care
Date	Full name of contributor □ out-of-state PAC (ID#: Leon & Wilma Jamison		Amount of contribution (\$)	In-kind contribution description (if applicable)
10/28/13	Contributor address; City; State; Zip Code 908 La Ventana		\$200.00	
	Marble Falls, Texas 78654			
Principal occurs	ation / Job title (See Instructions)		(If travel outside of	Texas, complete Schedule T)
Retired	audit / Sob une (See Instructions)	Employer (See Ins	structions)	

## ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

if contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

P.O. Box 12070

#### SCHEDULE A

The	e instruction Guide explains how to complete to	his form.	1 Total pages S 2 of 5	chedule A:
	ge W. Russell		3 ACCOUNT # N/A	(Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC(ID# Nicholas Tabler		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10/28/13	6 Contributor address; City; State; Zip Cod 3401 Scenic Loop East		\$250.00	
	Marble Falls, Texas 78654		(If travel outeids	of Texas, complete Schedule T)
9 Principal occu Retir	pation / Job title (See Instructions) ed	10 Employer (See		or rexas, complete schedule 1)
Date 10/28/13	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
10/28/13	Contributor address; City; State; Zip Code 1004 La Ventana		\$200.00	1
	Marble Falls, Texas 78654	<b>L</b>		i I
Principal occup	pation / Job title (See Instructions) Real Estate	Employer (See	Instructions)	of Texas, complete Schedule T)
Rental	Real Estate	Self-emplo	yed	
Date	Full name of contributor  out-of-state PAC (ID#: Kenneth Anderson	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/28/13	Contributor address; City; State; Zip Code P.O. Box 8189	,	\$500.00	
	Horseshoe Bay Texas, 78657			 
Principal occup	ation / Job title (See Instructions)	Employer (See	(If travel outside	of Texas, complete Schedule T)
Retired	1		mondono)	
Date	Full name of contributor  out-of-state PAC (ID#:_ Larson Lloyd		Amount of contribution (\$)	In-kind contribution description (if applicable)
10/22/13	Contributor address; City; State; Zip Code P.O. Box 4373		\$150.00	
	Horseshoe Bay, Texas 78657			i İ
Principal occup	ation / Job title (See Instructions)	Employer (See I	(If travel outside o	f Texas, complete Schedule T)
General	Manager		Communica	tions
Date	Full name of contributor out-of-state PAC (ID#:	, ]	Amount of	In-kind contribution
	R. Wayne & Dottie Anderson		contribution (\$)	description (if applicable)
10/15/13	Contributor address; City; State; Zip Code 115 Nimrod		\$100.00	
	Horseshoe Bay, Texas 78657			
Principal occupa Retired	tion / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)

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

#### SCHEDULE A

Th	e Instruction Guide explains how to complete th	is form.	1 Total pages Sc 3 of 5	hedule A:
	ge W. Russell		3 ACCOUNT#(	Ethics Commission Filers)
4 Date 10/28/13	5 Full name of contributor □out-of-state PAC (ID#: Peggy Jones		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10/28/13	6 Contributor address; City; State; Zip Code 704 Second St.		\$100.00	 
	Marble Falls, Texas 78654		(If travel outside	of Texas, complete Schedule T)
9 Principal occu Real	upation / Job title (See Instructions) Estate Broker	10 Employer (See Century 2	Instructions)	or rokes, complete contactile 1)
Date	Full name of contributor  ut-of-state PAC (ID#: John & Barbara Racz		Amount of contribution (\$)	In-kind contribution description (if applicable)
10/15/13	Contributor address; City; State; Zip Code P.O. Box 8747	· · · · · · · · · · · · · · · · · · ·	\$500.00	' 
	Horseshoe Bay, Texas 78657			
Principal occu	pation / Job title (See Instructions)	Employer (See	(If travel outside o	of Texas, complete Schedule T)
Retire	ed	Employer (See	metructions)	
Date	Full name of contributor  ut-of-state PAC (ID#:_	)	Amount of	In-kind contribution
	Mike Jenkins		contribution (\$)	description (if applicable)
10/17/13	255 Elm Lodge Dr.		\$100.00	
	Kingsland, Texas 78639			
Principal occup	pation / Job title (See Instructions)	Employer (See I	(If travel outside o	of Texas, complete Schedule T)
Retire			,	· · · · · · · · · · · · · · · · · · ·
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
10/16/13	Contributor address; City; State; Zip Code P.O. Box 7602		\$200.00	
	Horseshoe Bay, Texas 78657			
Principal occup Retired	ation / Job title (See Instructions)	Employer (See Ir		Texas, complete Schedule T)
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
11/1/13	Contributor address; City; State; Zip Code 211 Hwy. 281		\$1,000.00	
	Marble Falls, Texas 78654		/// /	•
Principal occupa Owner-Bl	ation / Job title (See Instructions) ue Bonnet Cafe	Employer (See In Self-emplo	structions)	Texas, complete Schedule T)

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if contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

#### SCHEDULE A

TI	ne instruction Guide explains how to complete t	his form.	1 Total pages So 4 of 5	chedule A:
2 FILER NAM Geor	e ge W. Russell		3 ACCOUNT#(	Ethics Commission Filers)
4 Date	5 Full name of contributor □ out-of-state PAC(ID) Butch Kemper		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
11/11/13	6 Contributor address; City; State; Zip Coo 2006 Gateway North		\$100.00	1
	Marble Falls, Texas 78654		//f travel outelds	
9 Principal occi Retire	upation / Job title (See Instructions) ed	10 Employer (See	Instructions)	of Texas, complete Schedule T)
Date	Full name of contributor	:	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/15/13	Contributor address; City; State; Zip Cod P.O. Box 364	• • • • • • • • • • • • • • • • • • •	\$200.00	
	Marble Falls, Texas 78654		(If travel autolds	
Principal occu Retire	pation / Job title (See Instructions) ed	Employer (See	Instructions)	of Texas, complete Schedule T)
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
12/19/13	Contributor address; City; State; Zip Code 412 Haney Trace		\$200.00	
	Horseshoe Bay, Texas 78657			
Principal occup Hotel (	pation / Job title (See Instructions) Owner	Employer (See I Self-empl	nstructions)	f Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:	, ]	Amount of	In triangle constitution
	Douglas Moore		contribution (\$)	In-kind contribution description (if applicable)
12/19/13	Contributor address; City; State; Zip Code 421 Meadowlakes Dr.		\$500.00	
	Marble Falls, Texas 78654		(If traval outside of	Tanan and a land
Principal occup Retir	ation / Job title (See Instructions) 'ed	Employer (See In	nstructions)	Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:	The state of the s	A	
	Rudy Robinson		Amount of contribution (\$)	In-kind contribution description (if applicable)
12/19/13	Contributor address; City; State; Zip Code 412 Los Escondidos		\$150.00	
	Marble Falls, Texas 78654			_
Principal occupa	ation / Job title (See Instructions)	Employer (See In:	(If travel outside of	Texas, complete Schedule T)
Land	Appraiser	Self-emplo		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

if contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

#### SCHEDULE A

		<del></del>	···	
The	e Instruction Guide explains how to complete thi	s form.	1 Total pages Sc 5 of 5	hedule A:
2 FILER NAME Georg	ge W. Russell		3 ACCOUNT#(I	Ethics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:	1	7 Amount of	8 In-kind contribution
	David Plante		contribution (\$)	description (if applicable)
12/19/13	6 Contributor address; City; State; Zip Code 211 N. US Hwy. 281	• • • • • • • • • • • • • • • • • • • •	\$100.00	 
	Marble Falls, Texas 78654		(If travel outside	of Texas, complete Schedule T)
9 Principal occu Rest	pation / Job title (See Instructions) aurant Manager	10 Employer (See Blue Bonr	Instructions)	,
Date	Full name of contributor out-of-state PAC (ID#:		T .	1
	Full name of contributor out-of-state PAC (ID#: Don Adams		Amount of contribution (\$)	In-kind contribution description (if applicable)
12/19/13	Contributor address; City; State; Zip Code			i 1
	P.O. Box 4445		\$500.00	 
	Horseshoe Bay, Texas 78657		(If travel outeldo s	of Toyon complete Schools 7
Principal_occu	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Att	orney/Judge	,, (	<b></b>	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution
	Barbara J. Dalhart		contribution (\$)	description (if applicable)
12/19/13	Contributor address; City; State; Zip Code 309 Main St.		\$200.00	
	Marble Falls, Texas 78654		(If travel outside o	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See In		r rexas, complete scredule 1)
Jewel	er		ns (Owner)	
Date	Full name of contributor		Amount of	In-kind contribution
	Robert Ruff		contribution (\$)	description (if applicable)
12/19/13	Contributor address; City; State; Zip Code		\$1,000.00	
	1107 RM 1431, Ste 205		1	
	Marble Falls, Texas 78654		i	
	•		(If travel outside of	f Texas, complete Schedule T)
Investme	ation / Job title (See Instructions)	Employer (See In	structions)	
#11 V C D C III C		Self-emplo	yed	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
12/19/13	ere <u>v</u> ergjere e Egelene e e e e e e e e e e e e e e e e e		1	
12/19/13	Contributor address; City; State; Zip Code P.O. Box 900		\$6,000.00	
	Marble Falls, 78654			
_ Principal occup	ation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
Business (	Owner (Highland Publisher)	Self-emp	loyed	

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PLEDG	SED CONTRIBUTIONS No.	one		SCHEDULE B
The	e instruction Guide explains how to complete thi	is form.	1 Total pages Scho	edule B:
2 FILER NAME			3 ACCOUNT # (Er	thics Commission Filers)
George	e W. Russell		N/A	
4 TOT	TAL OF UNITEMIZED PLEDGES: ⇒	\$ \$ \$	⇒ ⇒	\$
5 Date	6 Full name of pledgor out-of-state PAC (ID#:		8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code		(If travel outside (	      - pf Texas, complete Schedule T)
10 Principal occu	upation / Job title (See Instructions)	11 Employer (See In	<del></del>	Teads, complete concess.,
	-			And the second s
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
:	Pledgor address; City; State; Zip Code			ļ
			(If travel outside c	of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See Ir	<del></del>	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code	,		
Principal occur	pation / Job title (See Instructions)	Employer (See In	<u> </u>	f Texas, complete Schedule T)
rilliupai oucu,	pation / Jub title (See maddetons)	Employer (See III	istructions;	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
î i	Pledgor address; City; State; Zip Code		(If travel outside o	f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	<del></del>	IGAGO, COMPINIO COMPINIO 1/
Date	Full name of pledgor		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code	;	1	
	ı	*3	(If travel outside of	f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	<del></del>	Today, compact contacts.
If co	ATTACH ADDITIONAL COPIES Contributor is out-of-state PAC, please see instru		· · · · · · · · · · · · · · · · · · ·	requirements.

LOANS			SCHEDULE E
The	Instruction Guide explains how to com	plete this form.	1 Total pages Schedule E:
2 FILER NAME George	e W. Russell		3 ACCOUNT # (Ethics Commission Filers) N/A
4 TOTA	AL OF UNITEMIZED LOANS:	B B B B B B B	<b>\$</b> -0-
5 Date of loan	7 Name of lender	Out-of-state PAC (ID#:	) 9 Loan Amount (\$)
9-30-13	George Russell	<u> </u>	\$1,442.74
6 Is lender a financial Institution?	8 Lender address; City; State; P.O. Box 1	Zip Code	10 Interest rate None
YN	Marble Falls, Texas	78654	11 Maturity date
	ion / Job title (See Instructions)	13 Employer (See Instructions)	
Mayor		City of Marble Fa	alls
14 Description of Coll	lateral	15 Check if personal funds were	deposited into political account
none			
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupati	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	out-of-state PAC (ID#:	Loan Amount (\$)
Various	George Russell		\$509.25
Is lender a financial	Lender address; City; State;	Zip Code	Interest rate
institution?	P.O. Box 1		N/A
YN	Marble Falls, Texas	78654	Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions) City of Marble Fa	alls
Description of Colla	ateral	Check if personal funds were d	deposited into political account
🕅 none			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable		State; Zip Code	
Principal Occupati	on (See Instructions)	Employer (See Instructions)	
If lend	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS NEED	

## **POLITICAL EXPENDITURES**

P.O. Box 12070

## SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES  Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/	ontract Labor alsing Expense strict Rental Expense	Loan Repayment/F Transportation Equ Contributions/Dona Candidate/Offic OTHER (enter a ca	ipment & Related Expense
	The Instruction Guide explains how to	complete this for	rm.	
1 Total pages Schedule F: 1 of 3	2 FILER NAME George W. Russell	<del></del>	3 ACCOUNT	# (Ethics Commission Filers)
4 Date 10/28/13	5 Payee name River City Grill			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$387.50	700 First St., Marble Falls	, Texas 7	8654	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description Yard si	•	as, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name  N/A	Office sough	it	Office held
Date 11/13/13	Payee name Burnet County Republican Pa	ırty		
Amount (\$)	Payee address; City; State; Zip Code			
\$750.00	Hwy. 29 Burnet, Texas 78611			
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texa	is, complete Schedule T)
OF EXPENDITURE	Fees	Filing	fee	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name  N/A	Office sough	t	Office held
Date 10/31/13	Payee name Postmaster			
Amount (\$) \$368.00	Payee address; City; State; Zip Code Marble Falls MPO			
\$300.00	Marble Falls, Texas 78654			
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texa	is, complete Schedule T)
OF EXPENDITURE	Event expense	Postage		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name OH N/A	Office sough	t	Office held
Date 11/13/13	Payee name Office Depot			
Amount (\$)	Payee address; City; State; Zip Code			
\$288.45	1311 Mormon Mill Marble Falls, Texas 78654			
PURPOSE OF	Category (See categories listed at the top of this schedule)	1	(if travel outside of Texa	s, complete Schedule T)
EXPENDITURE	Event expense	Copies		
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name DH N/A	Office sough	t	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS	NEEDED	
		····		

Revised 09/28/2011 www.ethics.state.tx.us

## **POLITICAL EXPENDITURES**

P.O. Box 12070

#### SCHEDULE F

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/	• •	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services Solicitation/Fund		Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense Travel In District Contributions/Donations Made E		
Event Expense	Polling Expense Travel Out Of District Candidate/Officeholder/Political		
Fees	Printing Expense Office Overhead	Rental Expense	OTHER (enter a category not listed above)
	The instruction Guide explains how to	complete this for	m.
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
2 of 3	George W. Russell		N/A
			I N/A
4 Date	5 Payee name		
11/11/13	Signographics		
6 Amount (\$)	7 Payee address; City; State; Zip Code	<del></del>	
1	3947 RR 1431 W.		
\$304.00	Kinggland Wasser 70630		
	Kingsland, Texas 78639		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (	(If travel outside of Texas, complete Schedule T)
OF		(a) Doosiipaeii (	in that of outdood of fordus, somplete solidates ly
EXPENDITURE	Advertising expense		
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/		Onice sought	Office field
The state of the s			
Date	Payee name		
10/31/13	Office Depot		
· · · · · · · · · · · · · · · · · · ·	Device address: City Cathy 71 C. 1	·	
Amount (\$)	Payee address; City; State; Zip Code		
\$47.16	1311 Mormon Mill Rd.		
547.10	Marble Falls, Texas 78654		
			·····
PURPOSE	Category (See categories listed at the top of this schedule)	Description (	If travel outside of Texas, complete Schedule T)
OF EVDENDITUDE	Office overhead		
EXPENDITURE			· · · · · · · · · · · · · · · · · · ·
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/0	OH N/A		
Date	Payee name		
12/19/13	Signographics		
Amount (\$)	Payee address; City; State; Zip Code		
	3947 RR 1431 W.		
\$2,685.00			
	Kingsland, Texas 78639		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (	If travel outside of Texas, complete Schedule T)
OF			
EXPENDITURE	Advertising	Signage	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/C	•	oc oougin	Oniou noid
	/		
Date	Payee name		
12/19/13	Postmaster		
Amount (\$)	Payee address; City; State; Zip Code		
\$230.00	Marble Falls, Texas 78654-9	998	
7			
			· · · · · · · · · · · · · · · · · · ·
PURPOSE	Category (See categories listed at the top of this schedule)	Description (	f travel outside of Texas, complete Schedule T)
OF	Event expense	Mail out	invitations
EXPENDITURE		1.011 000	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/	OH N/A		
	<del></del>	001150111 5 4 6 4 1	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS N	IEENEU
	<del></del>		

#### **POLITICAL EXPENDITURES**

## SCHEDULE F

	32		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/Fun Food/Beverage Expense Travel In Distri Polling Expense Travel Out Of I	/Contract Labor draising Expense ct District d/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
	<del></del>	to complete this for	
Total pages Schedule F: 3 of 3	2 FILER NAME George W. Russell		3 ACCOUNT # (Ethics Commission Filers) N/A
Date 12/18/13	5 Payee name Clear Memories		
Amount (\$)	7 Payee address; City; State; Zip Code		
197.07	102 S. Boundry		
	Burnet, Texas 78		
PURPOSE	(a) Category (See categories listed at the top of this schedule)		(If travel outside of Texas, complete Schedule T)
EXPENDITURE	Advertising	Photos	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name  DH N/A	Office sought	t Office held
Date	Payee name		
11/06/13	Signographics		
Amount (\$)	Payee address; City; State; Zip Code		
\$31.00	3947 RR 1431 W.		
	Kingsland, Texas 78639		
PURPOSE	Category (See categories listed at the top of this schedule)		(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising	Signs	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name  DH N/A	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (	(If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought	t Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE			
Complete ONLY if direct expenditure to benefit Co		Office sought	t Office held
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS I	NEEDED

(512) 463-5800

## **POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

#### SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES I Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundrai Food/Beverage Expense Travel In District Polling Expense Travel Out Of District Printing Expense Office Overhead/Ro The Instruction Guide explains how to o	ntract Labor sing Expense rict ental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)		
1 Total pages Schedule G:	2 FILER NAME George W. Russell	····	3 ACCOUNT # (Ethics Commission Filers) N/A		
4 Date 11/18/13	5 Payee name Office Depot				
\$63.80  Reimbursement from political contributions intended	7 Payee address; City: State: Zip Code 1311 Morman Mill Marble Falls, Texas 78654				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)  Event expense	(b) Description (If travel outside of Texas, complete Schedule T)  Copies			
Date 9/25/13	Payee name Office Depot				
Amount (\$) \$91.59  X Reimbursement from political contributions intended	Payee address; City; State; Zip Code  1311 Mormon Mill, Marble Falls, Texas 78654				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Advertising Expense	Description	n (If travel outside of Texas, complete Schedule T)		
Date 10/24/13	Payee name Burnet County Republican Club				
Amount (\$) \$30.00  X Reimbursement from political contributions intended	Payee address; City: State; Zip Code P.O. Box 792, Marble Falls, Texas 78654				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description	1 (If travel outside of Texas, complete Schedule T)		
Date 10/17/13	Payee name Burnet Enviornmental Services				
Amount (\$) \$12.99  X Reimbursement from political contributions intended	Payee address; City; State; Zip Code  133 East Jackson St., Room 107, Burnet, Texas 78611				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Advertising Expense	Description (If travel outside of Texas, complete Schedule T)			
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#### POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

P.O. Box 12070

#### SCHEDULE G

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Salaries/Wages/Contract Labor Loan Repayment/Reimbursement **Advertising Expense** Gift/Awards/Memorials Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Legal Services Contributions/Donations Made By Travel In District Consulting Expense Food/Beverage Expense Candidate/Officeholder/Political Committee Travel Out Of District Polling Expense **Event Expense** OTHER (enter a category not listed above) Office Overhead/Rental Expense **Printing Expense** Fees The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 1 Total pages Schedule G: 2 FILER NAME N/A George W. Russell 2 5 Payee name 4 Date Amsterdam Painting 10/24/13 7 Payee address; City; State; Zip Code 6 Amount (\$) \$165.00 166 Wallins, Corners Rd., Amsterdam, NY 12010 Reimbursement from political contributions intended (b) Description (If travel outside of Texas, complete Schedule T) (a) Category (See categories listed at the top of this schedule) **PURPOSE** Advertising Expense EXPENDITURE Payee name Date Office Depot 10/15/13 City; State; Zip Code Amount (\$) Payee address; \$53.71 1311 Mormon Mill Reimbursement from Marble Falls, Texas 78654 political contributions ntended Description (If travel outside of Texas, complete Schedule T) Category (See categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE Event Expense Payee name Date 10/11/13 Burnet Chamber of Commerce City; State; Zip Code Amount (\$) Payee address; \$45.00 229 S. Pierce St., Burnet, Tx 78611 Reimbursement from political contributions intended Description (If travel outside of Texas, complete Schedule T) Category (See categories listed at the top of this schedule) **PURPOSE** OF Fees **EXPENDITURE** Payee name Date City; State; Zip Code Payee address; Amount (\$) Reimbursement from political contributions intended Description (If travel outside of Texas, complete Schedule T) Category (See categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE

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#### PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH None

P.O. Box 12070

SCHEDULE H

(512) 463-5800

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Contract Labo Solicitation/Fundraising Expen Travel In District Travel Out Of District Office Overhead/Rental Expe	tr Loan Repayme se Transportation Contributions/D Candidate/C nse OTHER (enter	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)	
	The Instruction Guide	explains how to complete			
1 Total pages Schedule H:	2 FILER NAME George W. Russel	1	N/A	UNT # (Ethics Commission Filers)	
4 Date	5 Business name				
6 Amount (\$)	7 Business address; City; Sta				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top	of this schedule) (b) Desc	ription (If travel outside of	Texas, complete Schedule T)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office	sought	Office held	
Date	Business name				
Amount (\$)	Business address; City; Sta	te; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule) Desc	ription (If travel outside of	Texas, complete Schedule T)	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
Date	Business name				
Amount (\$)	Business address; City; Sta	ite; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule) Desc	ription (If travel outside of	Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office	sought	Office held	
Date	Business name				
Amount (\$)	Business address; City; Sta	ite; Zip Code		Ħ	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule) Desc	cription (If travel outside of	Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office	sought	Office held	
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Texas Ethics Commission

(512) 463-5800

None

(TDD 1-800-735-2989)

#### NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement **Advertising Expense** Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Legal Services Accounting/Banking Food/Beverage Expense Travel In District Contributions/Donations Made By Consulting Expense Candidate/Officeholder/Political Committee Travel Out Of District Polling Expense Event Expense OTHER (enter a category not listed above) **Printing Expense** Office Overhead/Rental Expense Fees The instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule I: George W. Russell N/A 1 4 Date 5 Payee name 6 Amount (\$) 7 Payee address; City; State; Zip Code (b) Description (See instructions regarding type of information required.) (a) Category (See categories listed at the top of this schedule) PURPOSE 8 OF EXPENDITURE Date Payee name Amount (\$) City; State; Zip Code Payee address; Description (See instructions regarding type of information required.) Category (See categories listed at the top of this schedule) **PURPOSE** EXPENDITURE Date Pavee name Amount (\$) Payee address; City; State; Zip Code Description (See instructions regarding type of information required.) Category (See categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE Payee name Date Amount (\$) Payee address; City; State; Zip Code Description (See instructions regarding type of information required.) Category (See categories listed at the top of this schedule) PURPOSE EXPENDITURE

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## INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS None

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:
2 FILER NAME Georg	e W. Russell	3 ACCOUNT # (Et	nics Commission Filers)
4 Date	5 Name of person from whom amount is received		8 Amount (\$)
	6 Address of person from whom amount is received; City; State; Zip Code	B	
	7 Purpose for which amount is received		
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code		
	Purpose for which amount is received		
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State; Zip Cod		
	Purpose for which amount is received		
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State; Zip Cod		
	Purpose for which amount is received		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	E AS NEEDED	

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(0)	RIBUTION OR POLITICAL EXPE	ENDITURE SCHEDULE T			
The Instruction	on Guide explains how to complete this form.	1 Total pages Schedule T:			
2 FILER NAME George W. Russell		3 ACCOUNT # (Ethics Commission Filers) N/A			
4 Name of Contributor / Con	poration or Labor Organization / Pledgor / Payee				
5 Contribution / Expenditure	reported on:				
Schedu	Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G				
Schedu	lle H Schedule N COH-UC CO	DH-T PAC-C PAC-E			
6 Dates of travel 7	Name of person(s) traveling				
8	Departure city or name of departure location				
9	Destination city or name of destination location				
10 Means of transportation	11 Purpose of travel (including name of conferen	nce, seminar, or other event)			
Name of Contributor / Corp	poration or Labor Organization / Pledgor / Payee				
Contribution / Expenditure	reported on:				
Schedu	ile A Schedule B Schedule C Sc	hedule D Schedule F Schedule G			
Schedu	ile H Schedule N COH-UC CO	DH-T PAC-C PAC-E			
Dates of travel	lame of person(s) traveling				
D	eparture city or name of departure location				
۵	estination city or name of destination location				
Means of transportation	Means of transportation Purpose of travel (including name of conference, seminar, or other event)				
Name of Contributor / Corp	poration or Labor Organization / Pledgor / Payee				
Contribution / Expenditure	reported on:				
Schedu	ile A Schedule B Schedule C Sc	hedule D Schedule F Schedule G			
Schedu	ile H Schedule N COH-UC CO	DH-T PAC-C PAC-E			
Dates of travel N	lame of person(s) traveling				
D	eparture city or name of departure location				
D	estination city or name of destination location				
Means of transportation	Purpose of travel (including name of conference	e, seminar, or other event)			
	ATTACH ADDITIONAL COPIES OF THIS SCHE	EDULE AS NEEDED			