CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Box 12070

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers) N/A	2 Total pages filed:
3 CANDIDATE /	MS/MRS/MR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	Mr. George W.		2
	NICKNAME LAST		
	Russell		
		·	
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	
MAILING ADDRESS	P.O. Box 3 Marble Falls	, Tx. 78654	Date Hand-delivered or Postmarked
change of address			700 Z
			Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER	EXTENSION	Date Processed
PHONE	(830) 798-2407		2001.1000000
6 CAMPAIGN	MS/MRS/MR FIRST	MI	Oate Imaged
TREASURER NAME	Mr. Johnny K.		
	NICKNAME LAST	SUFFIX	
	Lacy		
7 CAMPAIGN	STREET APPRECA AND ROLLOW STATE		
TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE
ADDRESS (residence or business)	523 CR. 136A Kings	sland, Texas	78639
(residence of publicae)			
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
TREASURER PHONE	(830) 693-7294		
	•		
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign
		L Kelleli	treasurer appointment (officeholder only)
	July 15 X 8th day before election	Exceeded \$500	Final report (Attach C/OH - FR)
		limit	
10 PERIOD	Month Day Year	Month Day	Year
COVERED	01/ 24 / 2014 THROUGH	02/22/	
	, ,	/ /	
11 ELECTION	ELECTION DATE ELECTION TYPE		
" LEEGHON	Month Day Year X Primary		
	03/ 04 /2014	Rundf G	leneral Special
12 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (If known)	
	Mayor	County Judge	- Burnet, County
	-	Journal Surge	Duringe, country
		-	
	GO TO PAGE	. 2	
			1

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

SUPPORT	& TOTAL	S	COVER SHEET PG 2			
14 C/OH NAME		1	5 ACCOUNT # (Ethics Commission Filers)			
George W.	Russell		N/A			
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOT CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE HOLDER, THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDA ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF T	DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR			
	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL	N/A				
	<u></u>	COMMITTEE ADDRESS				
	SPECIFIC					
additional pages		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN SS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE				
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,350.00			
EXPENDITURE TOTALS	3. TOTAL P	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ -0-				
	4. TOTAL	POLITICAL EXPENDITURES	\$ 3,489.41			
CONTRIBUTION BALANCE		DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA DRTING PERIOD	\$ 4,911.34			
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH Y OF THE REPORTING PERIOD	\$ 1,500.00			
18 AFFIDAVIT						
			perjury, that the accompanying report			
Note: Note:	LYNNETTE COURTNI ory Public, State of y Commission Expi January 29, 201	me under Title 15, Election Code.	idate or Officeholder			
AFFIX NOTARY STAMI			54011 I			
Sworn to and subs	of <u>FEDIUAY</u>	ne, by the said $6600000000000000000000000000000000000$	y hand and seal of office.			
- RUPH HAR		Junnotte Courtney				
Signature of officer admir	nistering oath	Printed name of officer administering oath	Title of officer administering oath			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

				1.1.1.	
The	Instruction Guide explains how to complete this	form.	1 Total pages School	edule A:	
			3 ACCOUNT # (Ethics Commission Filers)		
2 FILER NAME George	e W. Russell		N/A		
4 5 .	5 Full name of contributor Out-of-state PAC (ID#:		7 Amount of	8 In-kind contribution	
4 Date	—		contribution (\$)	description (if applicable)	
0/20/20	John P. & Alice Fay Salem			<u>'</u>	
2/14/14	6 Contributor address; City; State; Zip Code 325 Highland Hills Dr.		\$ 500.00		
	Marble Falls, Texas 78654		(If travel outside o	of Texas, complete Schedule T)	
9 Principal occup Retired	pation / Job title (See Instructions)	10 Employer (See I	nstructions)		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution	
	P.T. & Jill Williams		contribution (\$)	description (if applicable)	
2/14/14				i	
2/14/14	Contributor address; City; State; Zip Code P.O. Box 8699		\$ 250.00		
	Horseshoe Bay, Texas 78657				
	norbodies zuj, rema		(If travel outside	of Texas, complete Schedule T)	
Principal occup Retired	pation / Job title (See Instructions)	Employer (See I	Instructions)		
Date	Full name of contributor Out-of-state PAC (ID#:_		Amount of	In-kind contribution	
Date	Steve Kallman		contribution (\$)	description (if applicable)	
2/14/14	Contributor address; City; State; Zip Code 15200 Kollmeyer Dr.		\$1,000.00	1	
	Austin, Texas 78734		(if travel outside	of Texas, complete Schedule T)	
Principal occup Engineer	pation / Job title (See Instructions)	Employer (See Self emplo	Instructions) yed-S.D.Ka	llman, L.P.	
Date	Full name of contributor Out-of-state PAC (ID#:_		Amount of	In-kind contribution	
Date	Mark & Cindy Ocker		contribution (\$)	description (if applicable)	
2/14/14	Contributor address; City; State; Zip Code 111 Mountain Laurel Dr.		\$ 500.00]	
	Marble Falls, Texas 78654		(If travel outside	of Texas, complete Schedule T)	
Principal occur	pation / Job title (See Instructions)	Employer (See	Instructions)		
·	BC+1860				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of	In-kind contribution	
Date	Bill Trembly		contribution (\$)	description (if applicable)	
2/14/14	Contributor address; City; State; Zip Code 150 Pinehurst		\$ 100.00	[
	Meadowlakes, Texas 78654				
1				of Texas, complete Schedule T)	
Principal occu	pation / 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 foradditional reporting requirements.

P.O. Box 12070

PLEDG	SED CONTRIBUTIONS No.	ne		SCHEDULE B
The	e Instruction Guide explains how to complete this	form.	1 Total pages Sche	dule B:
2 FILER NAME			3 ACCOUNT # (Et	hics Commission Filers)
George	e W. Russell		N/A	
4 TOT	AL OF UNITEMIZED PLEDGES:	\$ \$\$	다 다	\$
6 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			
				of Texas, complete Schedule T)
10 Principal occi	upation / Job title (See Instructions)	11 Employer (See I	nstructions)	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (If applicable)
	Pledgor address; City; State; Zip Code			
			(if travel outside	of Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions)	Employer (See i		
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			
				of Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions)	Employer (See	nstructions)	
Date	Full name of pledgor Out-of-state PAC (fD#:		Amount of pledge (\$)	In-kind description (If applicable)
	Pledgor address; City; State; Zip Code			
				of Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor Out-of-state PAC (IDII:)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			
		E1		of Texas, complete Schedule T)
Principal occ	supation / Job title (See Instructions)	Employer (See	instructions)	
lf.	ATTACH ADDITIONAL COPIES Contributor is out-of-state PAC, please see instr	OF THIS SCHEDUL	EAS NEEDED ddltlonal reporting	requirements.

Texas Ethics Commi	ission P.O. Box 12070	Austin, Texas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989
LOANS				SCHEDULE E
The	nstruction Guide explains how	w to complete this form.	1 Total page	es Schedule E:
2 FILER NAME George	e W. Russell		3 ACCOUNT	T # (Ethics Commission Filers)
4 TOTA	AL OF UNITEMIZED LOAN	VS : \$ \$ \$ \$	⇒ ⇒ ;	\$
5 Date of loan	7 Name of lender	out-of-state PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	1	0 Interest rate
YN			1	1 Maturity date
12 Principal occupati	ion / Job title (See Instructions)	13 Employer (See Inst	ructions)	
14 Description of Col	lateral	16 Check if personal fur	nds were deposited in	to political account
none				
16 GUARANTOR INFORMATION	17 Name of guarantor	<u> </u>	15	Amount Guaranteed (\$)
not applicable	18 Guarantor address;	City; State; Zip Code		
20 Principal Occupati	ion (See Instructions)	21 Employer (See Instr	uctions)	
Date of loan	Name of lender	out-of-state PAC (ID#:		Loan Amount (\$)
is lender a financial Institution?	Lender address; City;	State; Zip Code		Interest rate
Y N				Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instru	ctions)	
Description of Colla	teral	Check if personal fund	ds were deposited Into	political account
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Employer (See Instructions)

not applicable

Principal Occupation (See Instructions)

POLITICAL EXPENDITURES

Texas Ethics Commission

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES IF Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide explains how to compare the compared to t	ntract Labor Losing Expense Ti Colict ental Expense O	can Repayment/Reimbursement rensportation Equipment & Related Expense ontributions/Donations Made By Candidate/Officeholder/Political Committee THER (enter a category not listed above)
			3 ACCOUNT # (Ethics Commission Filers)
1 Total pages Schedule F:	2 FILER NAME George W. Russell		N/A
4 Date 1/27/14	5 Payee name George Russell		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$538.57	P.O. Box 3 Marble Falls, Texas 78654		D. Catalan B.
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Loan Repayment/Reimbursement	Loan repa	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH George Russell	Office sought Cpunty Jud	
Date 1/24/14	Payee name Postmaster		
Amount (\$)	Payee address; City; State; Zip Code		
\$54.00	Marble Falls, Texas 78654		
PURPOSE	Category (See categories listed at the top of this schedule)		If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Office Expense		ice box rental
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Dita	Payee name		
Date 2/14/14	KBEY		
Amount (\$)	Payee address; City; State; Zip Code 1007 Ave. K		
\$617.76	Marble Falls, Texas 78654		The same let School la T
PURPOSE	Category (See categories listed at the top of this schedule)	1	(If travel outside of Texas, complete Schedule 1)
OF EXPENDITURE	Advertising	Radio Sp	
Complete <u>ONLY</u> if direct expenditure to benefit Co	Candidate / Officeholder name OH	Office sough	t Office held
Date 1/31/14	Payee name XLR8		
Amount (\$)	Payee address; City; State; Zip Code		
	1002 N. Water, Ste. 2		
\$284.16	Burnet, Texas 78611		
PURPOSE	Category (See categories listed at the top of this schedule)		(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising	T-shirts	
Complete ONLY if direct expenditure to benefit	Candidate / Officeholder name C/OH	Office sough	it Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS	NEEDED
			Revised 09/28/20

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

			
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide explains how to	ontract Labor Lo Ising Expense Tr Co trict Rental Expense O	can Repayment/Relmbursement ransportation Equipment & Related Expense contributions/Donations Made By Candidate/Officeholder/Political Committee THER (enter a category not listed above)
			3 ACCOUNT # (Ethics Commission Filers)
1 Total pages Schedule F: 2 of	George W. Russell		N/A
4 Date	5 Payee name		
2/5/14	Lowe's		
6 Amount (5)	7 Payee address; City; State; Zip Code 3200 Highway 281		
\$90.33	Marble Falls, Texas 78654		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	1 * *	travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising	Sign Supp	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH N/A	Office sought	Office held
Date 2/15/14	Payee name Burnet County Republican Cl	ub	
Amount (\$)	Payee address; City; State; Zip Code		
\$200.00	Burnet, Texas 78611		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (f travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Event Expense	Tickets	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH N/A	Office sought	Office held
Date	Payee name		
2/9/14	Fox Mail		
Amount (\$)	Payee address; City; State; Zip Code P.O. Box 8711		
\$675.00	Horseshoe Bay, Texas 78657		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising	AD	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2/14/14	George Russell		
Amount (\$)	Payee address; City; State; Zip Code P.O. Box 3		
\$29.26	Marble Falls, Texas 78654		
PURPOSE	Category (See categories listed at the top of this schedule)	1	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Event Expense		or 2/15 Meet & Greet
Complete ONLY if direct expenditure to benefit (Candidate / Officeholder name	Office sough	t Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS	NEEDED
		 	Pevised 09/28/2

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

	THE PARTY OF THE P	S EOB BOY BIAN	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIE Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide explains how to	oan Repayment/Reimbursement Fransportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee DTHER (enter a category not listed above) n.	
			3 ACCOUNT # (Ethics Commission Filers)
1 Total pages Schedule F: 3 Of	2 FILER NAME George W. Russell		N/A
4 Date 2/14/14	5 Payee name Office Depot		
6 Amount (\$)	7 Payee address; City; State; Zip Code 1311 Mormon Mill		
\$33.30	Marble Falls, Texas 78654		Town complete Schadule Ti
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising	Flyers	Office held
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH N/A	Office sought	Office field
Date 2/14/14	Payee name Ford & Crew Hardware		
Amount (\$)	Payee address; City; State; Zip Code 1400 9th St.		
\$243.40	Marble Falls, Texas 78654		
PURPOSE	Category (See categories listed at the top of this schedule)		(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Gift Expense		r volunteers Office held
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH N/A	Office sough	t Office near
Date	Payes name		
2/14/14	Ford & Crew Hardware		
Amount (\$)	Payee address; City; State; Zip Code 1400 9th St.		
\$21.63	Marble Falls, Texas 78654		The Cabadala T
PURPOSE	Category (See categories listed at the top of this schedule)	· ·	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Event Expense		et & Greet office held
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH N/A	Office sough	nt Office nead
Date 2/14/14	Payee name Victory Publishing		
Amount (\$)	Payee address; City; State; Zip Code P.O. BOX 10	<u> </u>	
\$702.00	Marble Falls, Texas 78654		
BURRACE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE	Advertising	Newspape	
Complete ONLY if direct expenditure to benefit (Candidate / Officeholder name	Office soug	ht Office held
	ATTACH ADDITIONAL COPIES OF TI	HIS SCHEDULE AS	NEEDED
<u> </u>			Revised 09/28/20

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

SCHEDULE G

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

None

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gift/Awards/Memorials Expense

P.O. Box 12070

Legal Services Food/Beverage Expense Polling Expense

Office Overhead/Rental Expense **Printing Expense**

Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

	The instruction Guide explains how to	complete this form.
1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
1	George W. Russell	N/A
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		4
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (if travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbureement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	ATTACH ADDITIONAL COPIES OF THIS S	3CHEDULE AS NEEDED

www.ethics.state.tx.us

(512) 463-5800

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Advertising Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Legal Services Accounting/Banking Contributions/Donations Made By Candidate/Officeholder/Political Committee Travel In District Food/Beverage Expense Consulting Expense 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 H: 2 FILER NAME N/AGeorge W. Russell 5 Business name 4 Date City; State; Zip Code 7 Business address; 6 Amount (\$) (b) Description (If travel outside of Texas, complete Schedule T) PURPOSE (a) Category (See categories listed at the top of this schedule) EXPENDITURE Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Date **Business name** City; State; Zip Code Business address; Amount (\$) Description (If travel outside of Texas, complete Schedule T) Category (See categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Business name Date City; State; Zip Code Business address; Amount (\$) Description (If travel outside of Texas, complete Schedule T) Category (See categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Business name Date City; State; Zip Code Amount (\$) Business address; Description (If travel outside of Texas, complete Schedule T) Category (See categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES

SCHEDULE

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

Gift/Awards/Memorials Expense

MADE FROM POLITICAL CONTRIBUTIONS

Legal Services Food/Beverage Expense Polling Expense **Printing Expense**

P.O. Box 12070

EXPENDITURE CATEGORIES FOR BOX 8(a) Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Travel in District

None

Travel Out Of District

Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

. 535	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule I:	2 FILER NAME George W. Russell	3 ACCOUNT # (Ethics Commission Filers) N/A
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

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

SCHEDULE K

		1 Total pages Schedule K:	
The i	Instruction Guide explains how to complete this form.	1	
FILER NAME George	W. Russell	3 ACCOUNT # (Ethics Commission F N/A	ilers)
Date	5 Name of person from whom amount is received	8 Ama (\$	
	6 Address of person from whom amount is received; City; State; Zip	Code	
!	7 Purpose for which amount is received		
Date	Name of person from whom amount is received	Amo (\$	-
	Address of person from whom amount is received; City; State; Zig	o Code	
	Purpose for which amount is received		
Date	Name of person from whom amount is received		ount \$)
	Address of person from whom amount is received; City; State; Zi	p Code	
	Purpose for which amount is received		
Date	Name of person from whom amount is received		nount (\$)
	Address of person from whom amount is received; City; State; Z	p Code	
	Purpose for which amount is received		
	ATTACH ADDITIONAL COPIES OF THIS SCH	EDULE AS NEEDED	

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

(TDD 1-800-735-2989)

Texas Ethics Commission	P.O.	Box 12070	Austin, Texas 787	11-2070	(512) 463-3600	(100 1-000-100-2000)
IN-KIND COP	NTRIBU	TION OR F	POLITICAL I XAS No		ITURE	SCHEDULE T
The instruc	ction Guide e	explains how to o	omplete this form.		1 Total pages Schedule	T:
2 FILER NAME George W.					3 ACCOUNT # (Ethics N/A	Commission Filers)
4 Name of Contributor /			n / Pledgor / Payee			
180						
5 Contribution / Expendit	edule A	Schedule B	Schedule C	Schedule	D Schedule F	Schedule G
Sch	edule H	Schedule N	COH-UC	□ сон-т	PAC-C	PAC-E
6 Dates of travel	7 Name of	person(s) traveling				
	8 Departure	city or name of de	parture location			
	9 Destination	on city or name of 0	lestination location			
10 Means of transportati	on	11 Purpose of trav	el (including name o	f conference, s	eminar, or other event)	
Name of Contributor / (Corporation or	Labor Organizatio	n / Pledgor / Payee			
Contribution / Expendit	_		C sabadula C	Schedule	e D Schedule I	Schedule G
	redule A	Schedule B	Schedule C	СОН-Т	PAC-C	PAC-E
Dates of travel	Name of b	erson(e) traveling				
Dates of travel		aty or name of dep	arture location			
	Destination	city or name of de	stination location			
Means of transportation	n	Purpose of trave	(including name of	conference, ser	minar, or other event)	
Name of Contributor /	Corporation of	r Labor Organizatio	on / Pledgor / Payee			
Contribution / Expendi	ture reported	on:				
so	hedule A	Schedule B	Schedule C	Schedu		F Schedule G
☐ Sc	hedule H	Schedule N	COH-UC	сон-т	PAC-C	
Dates of travel		erson(s) traveling				
	Departure	city or name of dep	arture location			
	Destination	city or name of de	estination location		<u> </u>	
Means of transportation	<u> </u> Pri	Purpose of trave	al (including name of	conference, se	minar, or other event)	
	A	TTACH ADDITIO	NAL COPIES OF TI	HIS SCHEDUI	LE AS NEEDED	

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