

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| | | | |
|--|---|--|----------------------|
| The C/OH Instruction Guide explains how to complete this form. | | 1 ACCOUNT # (Ethics Commission Filers) N/A | 2 Total pages filed: |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI Mr. George W. | OFFICE USE ONLY Date Received 2014 FEB - 3 PM: 30 Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged | |
| | NICKNAME LAST SUFFIX Russell | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 495 Marble Falls, Tx. 78654 | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (830) 798-2407 | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI Mr. Johnny K. | | |
| | NICKNAME LAST SUFFIX Lacy | | |
| 7 CAMPAIGN TREASURER ADDRESS (residence or business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 523 CR. 136A Kingsland, Texas 78639 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (830) 693-7294 | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month Day Year THROUGH Month Day Year 01 / 01 / 2014 01 / 23 / 2014 | | |
| 11 ELECTION | ELECTION DATE Month Day Year 03 / 04 / 2014 | ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special | |
| | 12 OFFICE OFFICE HELD (if any) Mayor | 13 OFFICE SOUGHT (if known) County Judge - Burnet, County | |
| GO TO PAGE 2 | | | |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

14 C/OH NAME
George W. Russell

15 ACCOUNT # (Ethics Commission Filers)
N/A

16 NOTICE FROM POLITICAL COMMITTEE(S)

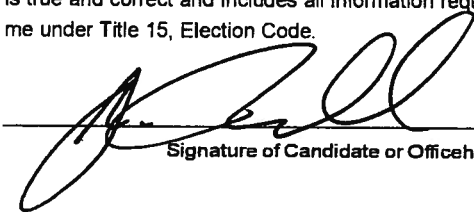
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO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

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

| | | |
|--------------------------------|---|-------------|
| 17 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 200.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 2,650.00 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ -0- |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 7,647.55 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 5,950.75 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 2,038.57 |

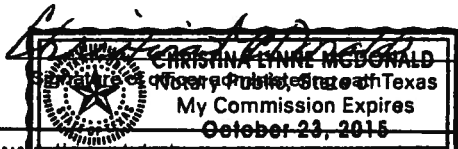
18 AFFIDAVIT

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.


Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said George W. Russell, this the 3rd day of Feb., 20 14, to certify which, witness my hand and seal of office.



Christina McDonald
Printed name of officer administering oath

Notary Public
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form. **1** Total pages Schedule A:
1 of 3

2 FILER NAME
George W. Russell **3** ACCOUNT # (Ethics Commission Filers)
N/A

| | | | |
|--------------------------|--|---|---|
| 4 Date 1/23/14 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raymond & Marjorie Bronk | 7 Amount of contribution (\$) \$ 100.00 | 8 In-kind contribution description (if applicable) |
| | 6 Contributor address; City; State; Zip Code 100 Quirt Dr. Burnet, Texas 78611 | | |

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
Retired **10** Employer (See Instructions)

| | | | |
|-----------------|--|--|--|
| Date 1/23/14 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Victoria L. Barho | Amount of contribution (\$) \$ 100.00 | In-kind contribution description (if applicable) |
| | Contributor address; City; State; Zip Code P.O.Box 427 Burnet, Texas 78611-0427 | | |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Home Maker Employer (See Instructions)

| | | | |
|-----------------|---|--|--|
| Date 1/23/14 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan Doughtie | Amount of contribution (\$) \$ 250.00 | In-kind contribution description (if applicable) |
| | Contributor address; City; State; Zip Code 112 Hills Way Horseshoe Bay, Texas 78657 | | |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Retired Employer (See Instructions)

| | | | |
|-----------------|--|--|--|
| Date 1/23/14 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pamela McGregor, Kim McGregor | Amount of contribution (\$) \$ 250.00 | In-kind contribution description (if applicable) |
| | Contributor address; City; State; Zip Code 86 Weeping Willow Marble Falls, Texas 78654 | | |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Retired Employer (See Instructions)

| | | | |
|-----------------|---|--|--|
| Date 1/23/14 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wayne & Mary Brown | Amount of contribution (\$) \$ 100.00 | In-kind contribution description (if applicable) |
| | Contributor address; City; State; Zip Code P.O. Box 538 Burnet, Texas 78611 | | |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Retired Employer (See Instructions)

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
2 of 3

2 FILER NAME
George W. Russell

3 ACCOUNT # (Ethics Commission Filers)
N/A

4 Date
1/23/14

5 Full name of contributor out-of-state PAC (ID#: _____)
James & Lorraine Fletcher

6 Contributor address; City; State; Zip Code
200 White Bluff Trail
Burnet, Texas 78611

7 Amount of contribution (\$)
\$ 500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
Investor/Principal

10 Employer (See Instructions)
Fletcher Capital Partners

Date
1/23/14

Full name of contributor out-of-state PAC (ID#: _____)
Steve & Lori Nash

Contributor address; City; State; Zip Code
P.O. Box 181
Marble Falls, Texas 78654

Amount of contribution (\$)
\$ 250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Builder/Developer

Employer (See Instructions)
Self-employed

Date
1/23/14

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

Contributor address; City; State; Zip Code
342 San Saba
Meadowlakes, Texas 78654

Amount of contribution (\$)
\$ 100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Insurance

Employer (See Instructions)
Griffin & Griffin Insurance

Date
1/23/14

Full name of contributor out-of-state PAC (ID#: _____)
Mark & Jennie Hodges

Contributor address; City; State; Zip Code
P.O. Box 948
Marble Falls, Texas 78654

Amount of contribution (\$)
\$ 100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Banker/President

Employer (See Instructions)
Cattlemen's Bank

Date
1/23/14

Full name of contributor out-of-state PAC (ID#: _____)
Joanne K. Hanifan

Contributor address; City; State; Zip Code
501 CR 131
Marble Falls, Texas 78654

Amount of contribution (\$)
\$ 100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A.
3 of 3

2 FILER NAME

George W. Russell

3 ACCOUNT # (Ethics Commission Filers)
N/A

4 Date

1/23/14

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

Shane & Kara Stewart

6 Contributor address; City; State; Zip Code

329 Columbine
Marble Falls, Texas 78654

7 Amount of contribution (\$)

\$ 150.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
Insurance/Agent

10 Employer (See Instructions)
Stewart Insurance & Financial Ser.

Date

1/6/14

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

Kevin Leeper

Contributor address; City; State; Zip Code

110 The Hills
Horseshoe Bay, Texas 78657

Amount of contribution (\$)

\$ 200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Hospital Administrator

Employer (See Instructions)
Unemployed

Date

1/6/14

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

Jim Carter

Contributor address; City; State; Zip Code

203 Los Escondidos
Marble Falls, Texas 78654

Amount of contribution (\$)

\$ 100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Architect

Employer (See Instructions)
Self-employed

Date

1/6/14

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

Charley Castleberry

Contributor address; City; State; Zip Code

P.O. Box 788
Marble Falls, Texas 78654

Amount of contribution (\$)

\$ 100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Builder/Developer

Employer (See Instructions)
Self-employed

Date

1/6/14

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

Steve Reitz

Contributor address; City; State; Zip Code

1103 Arbor Ln
Marble Falls, Texas 78654

Amount of contribution (\$)

\$ 250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Builder/Developer

Employer (See Instructions)
Self-employed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PLEGGED CONTRIBUTIONS

None

SCHEDULE B

| | | | |
|--|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule B: 1 | |
| 2 FILER NAME George W. Russell | | 3 ACCOUNT # (Ethics Commission Filers) N/A | |
| 4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ | | \$ | |
| 5 Date | 6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Pledgor address; City; State; Zip Code | 8 Amount of pledge (\$) | 9 In-kind description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) | |
| 10 Principal occupation / Job title (See Instructions) | | 11 Employer (See Instructions) | |
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code | Amount of pledge (\$) | In-kind description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code | Amount of pledge (\$) | In-kind description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code | Amount of pledge (\$) | In-kind description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code | Amount of pledge (\$) | In-kind description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:
1

2 FILER NAME

George W. Russell

3 ACCOUNT # (Ethics Commission Filers)

N/A

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

7 Name of lender out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

6 Is lender a financial Institution?

Y N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

not applicable

18 Guarantor address; City; State; Zip Code

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

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

Loan Amount (\$)

Is lender a financial Institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | | | | | | | | |
|--|-------------------------------|---|-------------|--|--|---|-------------------------------|---------------|-------------|
| 1 Total pages Schedule F: 1 of 3 | | 2 FILER NAME George W. Russell | | 3 ACCOUNT # (Ethics Commission Filers) N/A | | | | | |
| 4 Date 1-2-14 | | 5 Payee name Burnet Co. Fair & Rodeo Association | | | | | | | |
| 6 Amount (\$) \$400.00 | | 7 Payee address; City; State; Zip Code P.O. Box 153 Burnet, 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) Facility Rental for Event | | | | | |
| <table border="0"> <tr> <td>9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table> | | | | | | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held | | | | | | |
| Date 1/3/14 | | Payee name Printworks of Texas | | | | | | | |
| Amount (\$) \$1,462.67 | | Payee address; City; State; Zip Code 314 Main Street Marble Falls, Texas 78654 | | | | | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) Printing expense | | Description (If travel outside of Texas, complete Schedule T) Labels, pushcards, etc. | | | | | |
| <table border="0"> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table> | | | | | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held | | | | | | |
| Date 1/2/14 | | Payee name Office Depot | | | | | | | |
| Amount (\$) \$53.58 | | Payee address; City; State; Zip Code 1311 Mormon Mill Road Marble Falls, Texas 78654 | | | | | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) Event expense | | Description (If travel outside of Texas, complete Schedule T) Printing-Invitations | | | | | |
| <table border="0"> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table> | | | | | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held | | | | | | |
| Date 1/6/14 | | Payee name Donut Place | | | | | | | |
| Amount (\$) \$16.67 | | Payee address; City; State; Zip Code 1105 FM 1431 Marble Falls, Texas 78654 | | | | | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) Event expense | | Description (If travel outside of Texas, complete Schedule T) Snacks for volunteers working Mailout | | | | | |
| <table border="0"> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table> | | | | | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
| 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**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|--|
| 1 Total pages Schedule F: 2 of 3 | 2 FILER NAME George W. Russell | 3 ACCOUNT # (Ethics Commission Filers) N/A |
| 4 Date 1/7/14 | 5 Payee name Signographics | |
| 6 Amount (\$) \$750.00 | 7 Payee address; City; State; Zip Code 3947 RR 1431 W. Kingsland, Texas 78639 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Advertising expense | (b) Description (If travel outside of Texas, complete Schedule T) Signs |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name N/A | Office sought Office held |
| Date 1/22/14 | Payee name Highlander | |
| Amount (\$) \$3,352.94 | Payee address; City; State; Zip Code 304 Highlander Loop Marble Falls, Texas 78654 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Advertising expense | Description (If travel outside of Texas, complete Schedule T) Newspaper ads |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name N/A | Office sought Office held |
| Date 1/18/14 | Payee name Cookie Cafe and Bakery | |
| Amount (\$) \$190.00 | Payee address; City; State; Zip Code 107 East Jackson Burnet, Texas 78611 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Event expens | Description (If travel outside of Texas, complete Schedule T) Refreshments |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name N/A | Office sought Office held |
| Date 1/22/14 | Payee name Pixel Power | |
| Amount (\$) \$518.90 | Payee address; City; State; Zip Code 401 CR. 343A Marble Falls, Texas 78654 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Advertising expense | Description (If travel outside of Texas, complete Schedule T) Web page & graphic design |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name N/A | Office sought Office held |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | |

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|--|
| 1 Total pages Schedule F: 3 of 3 | 2 FILER NAME George W. Russell | 3 ACCOUNT # (Ethics Commission Filers) N/A |
|--|--|--|

| | |
|--------------------------|--|
| 4 Date 1/22/14 | 5 Payee name Printworks of Texas |
|--------------------------|--|

| | |
|----------------------------------|--|
| 6 Amount (\$) \$816.21 | 7 Payee address; City; State; Zip Code 314 Main St. Marble Falls, Texas 78654 |
|----------------------------------|--|

| | | |
|---------------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Printing expense | (b) Description (If travel outside of Texas, complete Schedule T) Rack cards |
|---------------------------------|---|--|

| | | | |
|---|--------------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name 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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name 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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name 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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name 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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name N/A | Office sought | Office held |
|--|--------------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS** None

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|--|--|--|--|--|--|
| 1 Total pages Schedule G: 1 | | 2 FILER NAME George W. Russell | | 3 ACCOUNT # (Ethics Commission Filers) N/A | |
| 4 Date 1/11/14 | | 5 Payee name Office Depot | | | |
| 6 Amount (\$) \$86.58 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | | 7 Payee address; City; State; Zip Code 1311 Mormon Mill Marble Falls, Texas 78654 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) Advertising Expense | | (b) Description (If travel outside of Texas, complete Schedule T) | |
| Date | | Payee name | | | |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) | | Description (If travel outside of Texas, complete Schedule T) | |
| Date | | Payee name | | | |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) | | Description (If travel outside of Texas, complete Schedule T) | |
| Date | | Payee name | | | |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) | | Description (If travel outside of Texas, complete Schedule T) | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---------------------------------------|--|--|
| 1 Total pages Schedule H: 1 | 2 FILER NAME George W. Russell | 3 ACCOUNT # (Ethics Commission Filers) N/A |
|---------------------------------------|--|--|

| | |
|---------------|------------------------|
| 4 Date | 5 Business name |
|---------------|------------------------|

| | |
|----------------------|--|
| 6 Amount (\$) | 7 Business address; City; State; Zip Code |
|----------------------|--|

| | | |
|---------------------------------|---|--|
| 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) |
|---------------------------------|---|--|

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

| | |
|------|---------------|
| Date | Business name |
|------|---------------|

| | |
|-------------|---|
| Amount (\$) | Business address; City; State; Zip Code |
|-------------|---|

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

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

| | |
|------|---------------|
| Date | Business name |
|------|---------------|

| | |
|-------------|---|
| Amount (\$) | Business address; City; State; Zip Code |
|-------------|---|

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

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

| | |
|------|---------------|
| Date | Business name |
|------|---------------|

| | |
|-------------|---|
| Amount (\$) | Business address; City; State; Zip Code |
|-------------|---|

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

None

SCHEDULE I

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---------------------------------------|--|--|
| 1 Total pages Schedule I: 1 | 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**

| | |
|---|---------------------------------------|
| The Instruction Guide explains how to complete this form. | 1 Total pages Schedule K: 1 |
|---|---------------------------------------|

| | |
|--|--|
| 2 FILER NAME George W. Russell | 3 ACCOUNT # (Ethics Commission Filers) N/A |
|--|--|

| | | |
|---------------|---|----------------------|
| 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 | |
| | 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 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 Code | |
| | Purpose for which amount is received | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE
FOR TRAVEL OUTSIDE OF TEXAS**

None

SCHEDULE T

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule T: 1 |
| 2 FILER NAME George W. Russell | | 3 ACCOUNT # (Ethics Commission Filers) N/A |
| 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee | | |
| 5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> 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 conference, seminar, or other event) | |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee | | |
| Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E | | |
| Dates of travel | Name of person(s) traveling | |
| | Departure city or name of departure location | |
| | Destination city or name of destination location | |
| Means of transportation | Purpose of travel (including name of conference, seminar, or other event) | |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee | | |
| Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E | | |
| Dates of travel | Name of person(s) traveling | |
| | Departure city or name of departure location | |
| | Destination city or name of destination location | |
| Means of transportation | Purpose of travel (including name of conference, seminar, or other event) | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | |