CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

			COVER SHEET PG 1
	n Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers) N/A	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDE NAME	Ms/MRs/MR FIRST R Mr. George W.	MI	OFFICE USE ONLY
NAME	NICKNAME LAST RUSSell	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of address	ADDRESS / POBOX; APT / SUITE#; CITY; P.O. Box 495 Marble Falls	STATE; ZIPCODE 5, Tx. 78654	Date Hand-delivered or Postmarked
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (830) 798-2407	EXTENSION	Receipt # Amount Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Mr. Johnny K.	MI	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	Lacy STREET ADDRESS (NO POBOX PLEASE): APT/SUITE#; 523 CR. 136A Kingsl	crry; state;	ZIP CODE 78639
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (830) 693-7294	EXTENSION	
REPORT TYPE	July 15 X 30th day before election July 15 8th day before election	Runoff Exceeded \$500	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
PERIOD COVERED	Aonth Day Year 01 / 01 / 2014 THROUGH	Month Day 01 / 23 / 2	Year 014
ELECTION	fonth Day Year State Sta	Runoff Gener	ral Special
OFFICE C	Marian	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	77		15 ACCOUNT # (Ethics Commission Filers)
George W.	T		N/A
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	TICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANIES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	N/A	
	SPECIFIC	COMMITTEE ADDRESS	
5 <u></u>		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL P PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	\$ 200.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,650.00
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM	\$ -0-
	4. TOTAL	POLITICAL EXPENDITURES	\$ 7,647.55
CONTRIBUTION BALANCE		DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D. RTING PERIOD	AY \$ 5,950.75
OUTSTANDING LOAN TOTALS	6. TOTAL P	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD	HE \$ 2,038.57
18 AFFIDAVIT	-		
			perjury, that the accompanying report information required to be reported by
		Signature of Candi	idate or Officeholder
AFFIX NOTARY STAMP		e, by the said <u>George W. Russer</u>	//
3rd day	of Feb		
1		. , 20 74 , to certify which, witness my	y hand and seal of office.
	NAT MEDENALD INCOME TEXAS	Printed name of officer administering oath	No tary Public Title of officer administering oath
	nission Expires er 23, 2015		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch 1 Of 3	nedule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Georg	ge W. Russell		N/A	
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
	Raymond & Marjorie Bronk		contribution (\$)	description (if applicable)
1/23/14	6 Contributor address; City; State; Zip Code 100 Quirt Dr.		\$ 100.00	
	Burnet, Texas 78611		(If travel outside	f of Texas, complete Schedule T)
9 Principal occur Retire	pation / Job title (See Instructions) Cl	10 Employer (See		or realist, complete contested by
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
	Victoria L. Barho		contribution (\$)	description (if applicable)
1/23/14	Contributor address; City; State; Zip Code P.O.Box 427	· · · st wo · · · ·	\$ 100.00	
	Burnet, Texas 78611-0427		ĺ	
Densinal accur	policy / Lab dista (Franchisco)	F1 (0 1		of Texas, complete Schedule T)
Home	oation / Job title (See Instructions) Maker	Employer (See I	nstructions)	
Date	Full name of contributor ut-of-state PAC (ID#:_		Amount of	In-kind contribution
	Susan Doughtie		contribution (\$)	description (if applicable)
1/23/14	Contributor address; City; State; Zip Code 112 Hills Way		\$ 250.00	
	Horseshoe Bay, Texas 78657		(If travel outside o	of Texas, complete Schedule T)
Principal occup Retire	pation / Job title (See Instructions)	Employer (See I		7
Date	Full name of contributor ui-of-state PAC (ID#:		Amount of	In-kind contribution
	Pamela McGregor, Kim McGreg	or	contribution (\$)	description (if applicable)
1/23/14	Contributor address; City; State; Zip Code		\$ 250.00	
	86 Weeping Willow		1	
	Marble Falls, Texas 78654		1	
Principal occup Retired	eation / Job title (See Instructions)	Employer (See Ir		f Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
	Wayne & Mary Brown		contribution (\$)	description (if applicable)
1/23/14	Contributor address; City; State; Zip Code P.O. Box 538		\$ 100.00	
	Burnet, Texas 78611		1	
	ation / Job title (See Instructions)	Employer (See Ir		Texas, complete Schedule T)
Retired				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

Th	e instruction Guide explains how to complete th	is form.	1 Total pages Sch 2 of 3	nedule A:		
2 FILER NAMI Geor	ge W. Russell		3 ACCOUNT# (E	3 ACCOUNT # (Ethics Commission Filers) N/A		
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of	8 In-kind contribution		
	James & Lorraine Fletcher		contribution (\$)	description (if applicable)		
1/23/14	6 Contributor address; City; State; Zip Code 200 White Bluff Trail	· · · · · · · · · · · · · · · · · · ·	\$ 500.00	 		
	Burnet, Texas 78611		(If travel outside	of Texas, complete Schedule T)		
9 Principal occu Investo	upation / Job title (See Instructions) r/Principal	10 Employer (See Fletcher (
Date	Full name of contributor uut-of-state PAC (ID#:		Amount of	In-kind contribution		
	Steve & Lori Nash		contribution (\$)	description (if applicable)		
1/23/14	Contributor address; City; State; Zip Code P.O. Box 181		\$ 250.00			
	Marble Falls, Texas 78654		(If travel outside o	of Texas, complete Schedule T)		
Principal occu	pation / Job title (See Instructions)	Employer (See	instructions)	riexas, complete ochequie 1)		
Builder	/Developer	Self-emp	loyed			
Date	Full name of contributor ut-of-state PAC (ID#:_		Amount of	In-kind contribution		
	Nance Griffin		contribution (\$)	description (if applicable)		
1/23/14	Contributor address; City; State; Zip Code 342 San Saba		\$ 100.00			
	Meadowlakes, Texas 78654		(16 tenual establish			
Principal occu	pation / Job title (See Instructions)	Employer (See I	(if travel outside o	f Texas, complete Schedule T)		
Insur		Griffin &	nstructions) Griffin In	surance		
Date	Full name of contributor		Amount of	In-kind contribution		
	Mark & Jennie Hodges		contribution (\$)	description (if applicable)		
1/23/14	Contributor address; City; State; Zip Code P.O. Box 948		\$ 100.00			
	Marble Falls, Texas 78654		(16 4	· T		
	pation / Job title (See Instructions) / President	Employer (See In Cattlemen	nstructions)	Texas, complete Schedule T)		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of			
	Joanne K. Hanifan		Amount of contribution (\$)	In-kind contribution description (if applicable)		
1/23/14	Contributor address; City; State; Zip Code 501 CR 131	. 1060	\$ 100.00			
	Marble Falls, Texas 78654		/16 hans of 4-14 5	Tours assessed to C. C. C. C.		
Principal occup	ation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)		
Retire	ed		,	ſ		
						

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

				·
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sci 3 Of 3	
2 FILER NAME Georg	ge W. Russell		3 ACCOUNT# (I	Ethics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC(ID#_ Shane & Kara Stewart		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
1/23/14	6 Contributor address; City; State; Zip Code 329 Columbine		\$ 150.00	
· · · · · · · · · · · · · · · · · · ·	Marble Falls, Texas 78654		(If travel outside	of Texas, complete Schedule T)
9 Principal occup Insuran	pation / Job title (See Instructions) ICE/Agent	10 Employer (See Stewart In	•	Financial Ser.
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
2/5/24	Kevin Leeper	63	contribution (\$)	description (if applicable)
1/6/14	Contributor address; City; State; Zip Code 110 The Hills		\$ 200.00	
	Horseshoe Bay, Texas 78657	,	(If travel outside o	 of Texas, complete Schedule T}
Principal occup Hospital	pation / Job title (See Instructions) Administrator	Employer (See I Unemployed		7
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
1/6/14	Jim Carter		contribution (\$)	description (if applicable)
1/6/14	Contributor address; City; State; Zip Code 203 Los Escondidos		\$ 100.00	
	Marble Falls, Texas 78654		(If travel outside o	f Texas, complete Schedule T)
Principal occup Archite	ation / Job title (See Instructions)	Employer (See II Self-emplo	nstructions)	, , , , , , , , , , , , , , , , , , , ,
Date	Full name of contributor)	Amount of	In-kind contribution
	Charley Castleberry		contribution (\$)	description (if applicable)
1/6/14	Contributor address; City; State; Zip Code P.O. Box 788		\$ 100.00	
	Marble Falls, Texas 78654		(If travel outside o	f Texas, complete Schedule T)
Principal occupa Builder/I	ation / Job title (See Instructions)	Employer (See In Self-employ	structions)	Toxas complete correduce 1)
		DOTT CIMPTO		
Date	Full name of contributor Out-of-state PAC (ID#: Steve Reitz		Amount of contribution (\$)	In-kind contribution description (if applicable)
1/6/14	Contributor address; City; State; Zip Code 1103 Arbor Ln		\$ 250.00	
	Marble Falls, Texas 78654		,,,	<u> </u>
Principal occupa	ation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
Builder/	Developer	Self-employ	yed	

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 Gulde explains how to complete this	s form.	1 Total pages Scho	edule B:
2 FILER NAME			3 ACCOUNT # (Er	thics Commission Filers)
George	e W. Russell		N/A	
4 TOT	AL OF UNITEMIZED PLEDGES:	D D D	\$ \$	\$
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			
45 Driveinel serv				f Texas, complete Schedule T)
10 Principal occu	pation / Job title (See Instructions)	11 Employer (See Ir	nstructions)	
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of pledge (\$)	In-kind description (if applicable)
ļ	Pledgor address; City; State; Zip Code			
			(if travel outside of	f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
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		Texas, complete Schedule T)
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 occup	pation / Job title (See Instructions)	Employer (See In	structions)	
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 occup	ation / Job title (See Instructions)	Employer (See Ins		rexas, complete schedule 1)
If co	ATTACH ADDITIONAL COPIES OF ontributor is out-of-state PAC, please see instru			equirements.

LOANS				SCHEDULE E
The	e Instruction Guide explains how to comp	lete this form.	1 Total pa 1	ges Schedule E
2 FILER NAME George	e W. Russell		3 ACCOU N/A	NT # (Ethics Commission Filers)
4 TOT/	AL 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?	8 Lender address; City; State; 2	Zip Code		10 Interest rate
Y N				11 Maturity date
12 Principal occupat	tion / Job title (See Instructions)	13 Employer (See Instructions)	•	
14 Description of Col	lateral	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; S	itate; Zip Code		
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender	out-of-state PAC (ID#:		Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; State; Z	üp Code	}	Interest rate
Y N				Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Colla	ateral	Check if personal funds were d	eposited in	nto political account
none				
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address; City; St	tate; Zip Code	% .	
Principal Occupation	on (See Instructions)	Employer (See Instructions)	1	
If lend	ATTACH ADDITIONAL COPIE: der is out-of-state PAC, please see instru	S OF THIS SCHEDULE AS NEED action guide for additional repor		uirements.

POLITICAL EXPENDITURES

SCHEDULE F

\$ Payee name 1-2-14 Burnet Co. Fair & Rodeo Association 7 Payee address; City: State: Zip Code P.O. Box 153 Burnet, Texas 78654 8 PURPOSE EXPENDITURE Candidate / Office holder name Candidate / Office holder name Office sought Office hold Texas. Complete Schedule 7) Facility Rental for Event Facility Rental for Event Office hold Office hold Office holder name Office sought Office holder name Office holder name Office holder name Office sought Office hold Office hold Office hold Office holder name Office sought Office hold Office hold Office hold Office hold Office holder name Office sought Office hold Office hold Office hold Office holder name Office sought Office hold Office hold Office hold Office hold Office hold Office holder name Office sought Office hold Office hold Office hold Office holder name Office sought Office hold Office hold Office hold Office hold Office hold Office holder name Office sought Office hold Office hold Office hold Office holder name Office sought Office hold					
4 Cate 1-2-14 5 Payee name Burnet Co. Fair & Rodeo Association 5 Arrount (\$) 5 Arrount (\$) 7 Payee address. City. State: Zip Code EXPENDITURE Candidate / Officeholder name Candidate / Officeholder name Office sought Office sought Office held Purpose Expenditure to benefit CoH Payee address. City. State: Zip Code 31, 462.67 Purpose Expenditure to benefit CoH Payee address. City. State: Zip Code 31, 462.67 Date 1/2/14 Printing expense Candidate / Officeholder name Office sought Office sought Office held Office sought Office sought Office held Office sought Office sought Office sought Office held Office sought Office sought Office held Office held Office sought Office sought Office held Office held Office sought Office sought Office held	Accounting/Banking Consulting Expense Event Expense	Gift/Awards/Memorials Expense Salaries/Wage Legal Services Solicitation/Fur Food/Beverage Expense Travel In Distr Polling Expense Travel Out Of Printing Expense Office Overhee	s/Contract Labor ndraising Expense ict District ad/Rental Expense	Loan Repayment/Rei Transportation Equip Contributions/Donatio Candidate/Officeh OTHER (enter a cate	ment & Related Expense ons Made By older/Political Committee
Burnet Co. Fair & Rodeo Association Famount (\$) 7 Payee address; City; State; Zip Code P.O. Box 153 Burnet, Texas 78654 (a) Category (See categories listed at the top of line schedule) Facility Rental for Event	1 Total pages Schedule F: 1 Of 3			1 .	(Ethics Commission Filers
### Summent Su	4 Date 1-2-14		ssociation		
Event Expense Facility Rental for Event Gromplete QNY if direct expenditure to benefit C/OH Candidate / Officeholder name Candidate / Officeholder name Office sought Office sought Office held Office held Office sought Office held	6 Amount (\$) \$400.00	P.O. Box 153			-
Date 1/3/14 Payes name Printworks of Texas Amount (\$) Payes 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 Complete ONLY if direct or payer address: City: State: Zip Code 1311 Mortmon Mill Road Marble Falls, Texas 78654 PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (if travel outside of Texas, complete Schedule T) Labels, pushcards, etc. Office sought Office held Office held Payes name Office sought Office held Payes address: City: State: Zip Code 1311 Mortmon Mill Road Marble Falls, Texas 78654 PURPOSE OF EXPENDITURE Complete ONLY if direct or candidate / Officeholder name Complete ONLY if direct or candidate / Officeholder name Donut Place Amount (\$) Payes name Donut Place Amount (\$) Payes address: City: State: Zip Code 1105 FM 1431 Marble Falls, Texas 78654 PURPOSE Category (See categories listed at the top of this schedule) Payes address: City: State: Zip Code 1105 FM 1431 Marble Falls, Texas 78654 PURPOSE Category (See categories listed at the top of this schedule) Payes address: City: State: Zip Code 1105 FM 1431 Marble Falls, Texas 78654 PURPOSE Category (See categories listed at the top of this schedule) Financial of the schedule of texas, complete Schedule Tity of the schedule Office held Purpose Office Sought Office held Complete ONLY if direct or volunteers working Mailout Complete ONLY if direct or benefit C/OH	OF	1			
Amount (\$) Printworks of Texas Amount (\$) Payee address; City; State; Zip Code S14 Main Street Marble Falls, Texas 78654 PURPOSE OF EXPENDITURE Printing expense Complete ONLY if direct expenditure to benefit C/OH Purpose OF EXPENDITURE Payee name Office Depot Amount (\$) Payee address; City; State; Zip Code 1311 Mormon Mill Road Marble Falls, Texas 78654 PURPOSE OF EXPENDITURE Candidate / Office bilded at the top of this schedule) Payee address; City; State; Zip Code 1311 Mormon Mill Road Marble Falls, Texas 78654 PURPOSE OF EXPENDITURE Candidate / Office bilded at the top of this schedule) Date 1/6/14 Payee name Donut Place Amount (\$) Payee address; City; State; Zip Code 1305 FM 1431 Marble Falls, Texas 78654 Purpose Office sought Office sought Office held Payee name Donut Place Amount (\$) S16.67 Payee address; City; State; Zip Code 1105 FM 1431 Marble Falls, Texas 78654 Purpose OF EXPENDITURE Candidate / Office held of this schedule) S16.67 Purpose OF EXPENDITURE Candidate / Office bilded at the top of this schedule) S16.67 Category (See categories listed at the top of this schedule) S16.67 Category (See categories listed at the top of this schedule) S16.67 Category (See categories listed at the top of this schedule) S16.67 Category (See categories listed at the top of this schedule) S16.67 Category (See categories listed at the top of this schedule) S16.67 Office sought Office held	9 Complete ONLY if direct expenditure to benefit C/		Office sough	nt	Office held
State Address Category (See categories listed at the top of this schedule) Description (if ravel outside of Texas, complete Schedule T) Labels, pushcards, etc.		_ *			
Printing expense Labels, pushcards, etc.	Amount (\$) \$1,462.67	314 Main Street			
Date 1/2/14 Office Depot Amount (\$) Payee address; City; State; Zip Code 1311 Mormon Mill Road Marble Falls, Texas 78654 PURPOSE OF EXPENDITURE Candidate / Office holder name Donut Place Amount (\$) Payee address; City: State; Zip Code 1311 Mormon Mill Road Marble Falls, Texas 78654 PURPOSE Category (See categories listed at the top of this schedule) Printing-Invitations Complete ONLY if direct expenditure to benefit C/OH Payee name Donut Place Amount (\$) 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) Snacks for volunteers working Mailout Complete ONLY if direct expense Candidate / Office holder name Office sought Office held of Texas, complete Schedule 7). Snacks for volunteers working Mailout Candidate / Office holder name Office sought Office held office held	OF		i		
Amount (\$) 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) Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Candidate / Officeholder name Office sought Office held Date 1/6/14 Amount (\$) 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 Category (See categories listed at the top of this schedule) Ferent expense Category (See categories listed at the top of this schedule) Snacks for Volunteers Working Mailout Candidate / Officeholder name Office sought Office held			Office sough	ıt	Office held
1311 Mormon Mill Road Marble Falls, Texas 78654	Date 1/2/14				
Event expense Printing-Invitations Complete ONLY if direct expenditure to benefit C/OH Date Payee name Donut Place Amount (\$) Payee address; City; State; Zip Code 1105 FM 1431 Marble Falls, Texas 78654 PURPOSE OF EXPENDITURE Candidate / Office holder name Candidate / Office holder name Office sought Office sought Office held	Amount (\$) \$53.58	1311 Mormon Mill Road			
Date Payee name Donut Place Amount (\$) Payee address; City; State; Zip Code 1105 FM 1431 Marble Falls, Texas 78654 PURPOSE Category (See categories listed at the top of this schedule) Snacks for volunteers Working Expenditure Complete ONLY if direct expenditure to benefit C/OH Payee name Donut Place City; State; Zip Code 1105 FM 1431 Description (If travel outside of Texas, complete Schedule I). Snacks for volunteers Working Mailout Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	OF EXPENDITURE	Event expense	Printing	-Invitation	ns
Amount (\$) 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) Snacks for volunteers working Mailout Complete ONLY if direct expenditure to benefit C/OH City; State; Zip Code 100			Office sough		Office held
Marble Falls, Texas 78654 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Candidate / Office holder name Candidate / Office holder name Complete ONLY if direct expenditure to benefit C/OH Candidate / Office holder name	Date 1/6/14				
Complete ONLY if direct expenditure to benefit C/OH Event expense Snacks for volunteers working Mailout Office held	Amount (\$) \$16.67	1105 FM 1431			
Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH	OF			If travel outside of Texas, co Or VOLUNCE	mplete Schedule D. ers working
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					Office held
		ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS !	NEEDED	

POLITICAL EXPENDITURES

SCHEDULE F

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/	• •	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services Solicitation/Fund	Iraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense Travel In Distric		Contributions/Donations Made By
Event Expense	Polling Expense Travel Out Of D		Candidate/Officeholder/Political Committee
Fees		I/Rental Expense	OTHER (enter a category not listed above)
	The Instruction Guide explains how t	o 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
4 Date	5 Payee name		
1/7/14	Signographics		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$750.00	3947 RR 1431 W.		
* / 3 3 . 3 3	Kingsland, Texas 78639		
	400	T	
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Advertising expense	Signs	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/		oc oougin	Onice neid
Date	Payee name		
1/22/14	Highlander		
Amount (\$)	Payee address; City; State; Zip Code		
	304 Highlander Loop		
\$3,352.94	Marble Falls, Texas 78654		
•	maible rails, lexas /0054		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (f travel outside of Texas, complete Schedule T)
OF	Advertising expense	Newspape	r ade
EXPENDITURE	Advertising expense	иемараре	1 805
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/0	OH N/A		
Date	Payee name		
1/18/14	Cookie Cafe and Bakery		
Amount (\$)	Payee address; City; State; Zip Code		
\$190.00	107 East Jackson		
γ±50.00	Burnet, Texas 78611		
		T	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (I	f travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Event expens	Refreshme	ents
	Candidate / Officeholder name	055000000	06131
Complete ONLY if direct expenditure to benefit C/C	•	Office sought	Office held
	/		
Date	Payee name		
1/22/14	Pixel Power		
Amount (\$)	Payee address; City; State; Zip Code		
····- ···· · · · · · · · · · · · · · ·	401 CR. 343A		1
\$518.90			i
	Marble Falls, Texas 78654		ŀ
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If	travel outside of Texas, complete Schedule T)
OF			·
EXPENDITURE	Advertising expense	web page	& graphic design
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/0	DH N/A		İ
· · · · · · · · · · · · · · · · · · ·	ATTACH ADDITIONAL COPIES OF THIS	SCHEDI II E AS AII	EEDED
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POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services So Food/Beverage Expense Tra Polling Expense Tra	alaries/Wages/Cont olicitation/Fundraisi avel In District avel Out Of Distric fice Overhead/Rer	ract Labor Loz ng Expense Tra Co t stal Expense OT	an Repayment/Reimbursement insportation Equipment & Related Expens ntributions/Donations Made By Candidate/Officeholder/Political Committ HER (enter a category not listed above)
Total pages Schedule F: 3 of 3	2 FILER NAME George W. Russell			3 ACCOUNT # (Ethics Commission Fill N/A
Date 1/22/14	5 Payee name Printworks of Texas			<u> </u>
\$ Amount (\$)	7 Payee address; City; State; 314 Main St. Marble Falls, Texas	•		
PURPOSE OF	(a) Category (See categories listed at the top of the Printing expense		b) Description (If the Rack cards	evel outside of Texas, complete Schedule T)
EXPENDITURE				
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		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 thi	is schedule)	Description (If tra	vel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H N/A	1	Office sought	Office held
				**
Date	Payee name			***************************************
Date Amount (\$)	Payee name Payee address; City; State;	Zip Code		
			Description (If tre	vel outside of Texas, complete Schedule T)
Amount (\$) PURPOSE OF	Payee address; City; State; Category (See categories listed at the top of this Candidate / Officeholder name		Description (If tra	vel outside of Texas, complete Schedule T) Office held
Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee address; City; State; Category (See categories listed at the top of this Candidate / Officeholder name		·	
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O	Payee address; City; State; Category (See categories listed at the top of this Candidate / Officeholder name N/A	s schedule)	·	
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Ol	Payee address; City; State; Category (See categories listed at the top of this Candidate / Officeholder name N/A Payee name	s schedule) Zip Code	Office sought	
Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OI Date Amount (\$) PURPOSE OF	Payee address; City; State; Category (See categories listed at the top of this Candidate / Officeholder name N/A Payee name Payee address; City; State; Category (See categories listed at the top of this Candidate / Officeholder name	s schedule) Zip Code	Office sought	Office held

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

None

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/ Legal Services Solicitation/Fund Food/Beverage Expense Travel In District Polling Expense Travel Out Of Di Printing Expense Office Overhead. The Instruction Guide explains how to	Contract Labor Le raising Expense Ti contract Strict /Rental Expense O	oan Repayment/Reimbursement ransportation Equipment & Related Expense contributions/Donations Made By Candidate/Officeholder/Political Committee DTHER (enter a category not listed above)
4 Tabel Cabadula Co	<u> </u>	 	
1 Total pages Schedule G:	George W. Russell		3 ACCOUNT # (Ethics Commission Filers) N/A
4 Date 1/11/14	5 Payee name Office Depot		
6 Amount (\$) \$86.58	7 Payee address; City; State; Zip Code 1311 Mormon Mill		
Reimbursement from political contributions intended	Marble Falls, Texas 78654		
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 Expense	(4)	Harbi Oddao or Toxas, complete consistencity
Date	Payee name		1
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 t	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 to	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 to	ravel outside of Texas, complete Schedule T)
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEE	EDED

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

SCHEDULE H

Advertising Expense	EXPENDITURE Gift/Awards/Memorials Expense	CATEGORIES Salaries/Wages/C		Loan Repayment/R	eimhursement
Accounting/Banking	Legal Services	Solicitation/Fundra			pment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	• .,	Contributions/Dona	•
Event Expense	Polling Expense	Travel Out Of Dis	trict		holder/Political Committee
Fees	Printing Expense	Printing Expense Office Overhead/Rental Expense OTH			tegory not listed above)
	The Instruction Gulde	explains how to	complete this for	rm.	
1 Total pages Schedule H:	2 FILER NAME			3 ACCOUNT	# (Ethics Commission Filers)
1	George W. Russel	.1		N/A	,
4 Date	5 Business name				
6 Amount (\$)	7 Business address; City; Sta	ate; Zip Code			
8 PURPOSE OF	(a) Category (See categories listed at the top	o of this schedule)	(b) Description	(If travel outside of Texas	s, complete Schedule T)
EXPENDITURE					
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sough	t	Office held
Date	Business name				
A (A)				·	· · · · · · · · · · · · · · · · · · ·
Amount (\$)	Business address; City; Sta	ite; Zip Code			
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (If travel outside of Texas	, complete Schedule T)
OF EXPENDITURE					1
EXPENDITURE	***************************************				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought	:	Office held
Date	Business name				
Amount (\$)	Business address; City; Sta	te; Zip Code	· · · · · · · · · · · · · · · · · · ·		
PURPOSE	Category (See categories listed at the top	of this schedule)	Description #	If travel outside of Texas,	complete Schedula T)
OF			_ ====::pao;: (valuida di IBABS,	pioto ouridualo ()
EXPENDITURE		I			
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name		Office sought		Office held
Date	Business name				
Amount (\$)	Business address; City; Stat	te; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	of this schedule)	Description (f travel outside of Texas,	complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name I		Office sought		Office held
	ATTACH ADDITIONAL CO	PIES OF THIS S	CHEDULE AS N	EEDED	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

None

SCHEDULE !

EXPENDITURE CATEGORIES FOR BOX 8(a) Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District 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)

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

The Instruction Guide explains how to complete this form. 1 Total pages S 1			edule K:	
2 FILER NAME George W. Russell 3 ACCOUNT # (Eth		thics 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	, , ,		
	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 EXPENIFOR TRAVEL OUTSIDE OF TEXAS None	DITURE SCHEDULE T				
The Instruction Guide explains how to complete this form.	1 Total pages Schedule T:				
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:					
Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G					
Schedule H Schedule N COH-UC COH-T PAC-C PAC-E					
6 Dates of travel 7 Name of person(s) traveling	vel 7 Name of person(s) traveling				
8 Departure city or name of departure location	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:					
Schedule A Schedule B Schedule C Schedule	e D Schedule F Schedule G				
Schedule H Schedule N COH-UC COH-T	PAC-C PAC-E				
Dates of travel Name of person(s) traveling					
Departure city or name of departure location	Departure city or name of departure location				
Destination city or name of destination location	í				
Means of transportation Purpose of travel (including name of conference, sem	inar, or other event)				
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
Contribution / Expenditure reported on:					
Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G					
Schedule H Schedule N COH-UC COH-T	PAC-C 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, semi	inar, or other event)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					