

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TEXAS

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: **30**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI

Mr. James D.

NICKNAME LAST SUFFIX

Darion George

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

1901 Bent Hall Ct. Fort Worth TX 76110

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

(817) 917-4064

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI

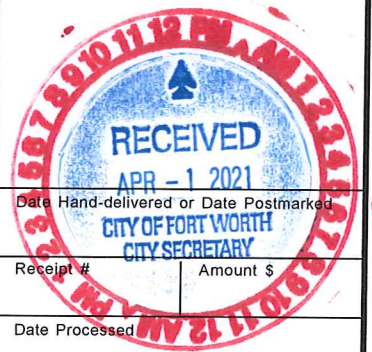
Mr. James D.

NICKNAME LAST SUFFIX

Darion George

OFFICE USE ONLY

Date Received



Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

1901 Bent Hall Ct. Fort Worth TX 76110

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(817) 917-4064

9 REPORT TYPE

- January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year

02 / 01 / 2021 THROUGH 03 / 31 / 2021

11 ELECTION

ELECTION DATE

Month Day Year

05 / 01 / 2021

ELECTION TYPE

- Primary Runoff Other Description
 General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

District 9 City Council

14 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE

- GENERAL
 SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME James Davick George **16 Filer ID (Ethics Commission Filers)**

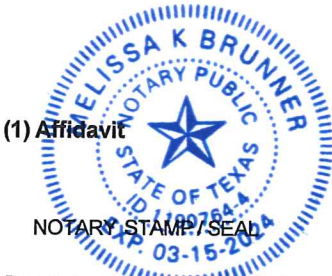
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 30,040
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 20,700.70
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 10,000

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

[Handwritten Signature]

Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

Sworn to and subscribed before me by James George this the 1st day of April

2021, to certify which, witness my hand and seal of office.

Melissa K. Brunner Melissa K. Brunner Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>James Darien George</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>30,040</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ <i>10,000</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>28,758.70</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 20
2 FILER NAME James Davien George		3 Filer ID (Ethics Commission Filers)
4 Date 02/00/ 2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ken & Lori Schaefer	7 Amount of contribution (\$) \$ 2000.00
6 Contributor address; City; State; Zip Code 2705 Manorwood Tr., Fort Worth, TX 76109		
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Schaefer Advertising Co.
Date 02/10/ 2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandra McGlothlin	Amount of contribution (\$) \$ 1000.00
Contributor address; City; State; Zip Code 6225 Forest River Dr. Fort Worth, TX 76112		
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Empire Roofing
Date 02/10/ 2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evant Coates	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 4201 Watercourse Dr. Fort Worth, TX 76109		
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) The Miles Foundation, Inc.
Date 02/10/ 2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edward Meinen	Amount of contribution (\$) \$ 250.00
Contributor address; City; State; Zip Code 3041 Hilltop Rd., Fort Worth, TX 76109		
Principal occupation / Job title (See Instructions) Financial Advisor		Employer (See Instructions) CagePoint Financial
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 20

2 FILER NAME

James Davien George

3 Filer ID (Ethics Commission Filers)

4 Date

02/10/2021

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

Don Lamont

7 Amount of contribution (\$)

\$ 250.00

6 Contributor address; City; State; Zip Code

2550 W. Hwy 199, Springtown, TX 76082

8 Principal occupation / Job title (See Instructions)

President

9 Employer (See Instructions)

Lamont Public Adjusters

Date

02/10/2021

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

Brooke Lively

Amount of contribution (\$)

\$ 250.00

Contributor address; City; State; Zip Code

6200 Ridgelea Pl., Ste. 1110 Fort Worth, TX 76116

Principal occupation / Job title (See Instructions)

CFO / Founder

Employer (See Instructions)

Cathedral Capital

Date

02/10/2021

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

Andrew Howard

Amount of contribution (\$)

\$ 250.00

Contributor address; City; State; Zip Code

6931 Penrose Ave. Dallas, TX 75206

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/10/2021

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

Daniel O'Connell

Amount of contribution (\$)

\$ 250.00

Contributor address; City; State; Zip Code

5000 Spectrum Dr. Addison, TX 75001 Ste. 1200E

Principal occupation / Job title (See Instructions)

CEO

Employer (See Instructions)

Next Level Insurance Agency

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 20
2 FILER NAME James Davien George		3 Filer ID (Ethics Commission Filers)
4 Date 02/10/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burch Baggett	7 Amount of contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 523 N. Halifax Ave. Daytona Beach, FL 32118		
8 Principal occupation / Job title (See Instructions) OWNER		9 Employer (See Instructions) Baggett Financial Group
Date 02/10/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenneth Polito	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 2613 Benbrook Blvd., Fort Worth, TX 76109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/11/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phuong Tran	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 6331 Lano Ave. Dallas, TX 75214		
Principal occupation / Job title (See Instructions) VP, Product & Implementation		Employer (See Instructions) Kanarys
Date 02/11/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dru Galer	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 5037 Forest Bend Pl. Fort Worth TX 76112		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) FWISD

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <i>James Davien George</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>02/11/2021</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jonathan Fielding</i>	7 Amount of contribution (\$) <i>\$500.00</i>
6 Contributor address; City; State; Zip Code <i>145 Broadway 2-2A Irvington, NY 10533</i>		
8 Principal occupation / Job title (See Instructions) <i>Founder</i>		9 Employer (See Instructions) <i>Harbor Stage Co.</i>
Date <i>02/11/2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brian Dixon</i>	Amount of contribution (\$) <i>\$500.00</i>
Contributor address; City; State; Zip Code <i>1104 E. Loudast. Fort Worth, TX 76104</i>		
Principal occupation / Job title (See Instructions) <i>Co-Founder</i>		Employer (See Instructions) <i>Wide, Inc.</i>
Date <i>02/12/2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ron Gamill</i>	Amount of contribution (\$) <i>\$250.00</i>
Contributor address; City; State; Zip Code <i>1113 Ashford Ln. Mansfield, TX 76063</i>		
Principal occupation / Job title (See Instructions) <i>Accountant</i>		Employer (See Instructions) <i>Ind. contractor</i>
Date <i>02/12/2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dan Kilkenny</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>2225 Hawthorne Ave. Fort Worth, TX 76110</i>		
Principal occupation / Job title (See Instructions) <i>owner / Agent</i>		Employer (See Instructions) <i>CDK Insurance Agency</i>

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <u>James Davien George</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>02/12/2021</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Tess McDonald</u>	7 Amount of contribution (\$) <u>\$100.00</u>
6 Contributor address; City; State; Zip Code <u>1912 Bent Hall Ct. Fort Worth TX 76110</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <u>02/12/2021</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Randell Means</u>	Amount of contribution (\$) <u>\$100.00</u>
Contributor address; City; State; Zip Code <u>1941 Berkeley Pl. Fort Worth TX 76110</u>		
Principal occupation / Job title (See Instructions) <u>Lawyer</u>		Employer (See Instructions) <u>Independent Practice</u>

Date <u>02/16/2021</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Danielle Burkett</u>	Amount of contribution (\$) <u>\$500.00</u>
Contributor address; City; State; Zip Code <u>1907 Bent Hall Ct. Fort Worth TX 76110</u>		
Principal occupation / Job title (See Instructions) <u>OB/GYN</u>		Employer (See Instructions) <u>Texas Health Care</u>

Date <u>02/16/2021</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Lindsay Horton</u>	Amount of contribution (\$) <u>\$100.00</u>
Contributor address; City; State; Zip Code <u>2231 Stanley Ave. Fort Worth TX 76110</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 20
2 FILER NAME James Darien George		3 Filer ID (Ethics Commission Filers)
4 Date 02/17/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leland George	7 Amount of contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code 11125 Snow White Dr. Dallas, TX 75229		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date 02/17/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Dreyfus	Amount of contribution (\$) \$110.00
Contributor address; City; State; Zip Code 2416 Park Place Ave. Fort Worth TX 76110		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 02/18/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Nurdin	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 2692 Riverwood Tr. Fort Worth TX 76109		

Principal occupation / Job title (See Instructions) CEO	Employer (See Instructions) Bank of TX - FW Region
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Date 02/18/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brad Hackler	Amount of contribution (\$) \$150.00
Contributor address; City; State; Zip Code 8036 Branch Hollow Trail Fort Worth TX 76123		

Principal occupation / Job title (See Instructions) President	Employer (See Instructions) Hackler Wealth Mgmt.
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME James Davien George		3 Filer ID (Ethics Commission Filers)
4 Date 02/24/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Dike	7 Amount of contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code 209 Summersday Ln. Fort Worth TX 76114		
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Village Homes
Date 02/23/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kevin Buehler	Amount of contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code 1405 Post Oak Pl. Westlake, TX 76262		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/23/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda Antinone	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 1400 Bent Hall Ct. Fort Worth TX 76110		
Principal occupation / Job title (See Instructions) T3 National Instructor		Employer (See Instructions) Texas Instruments
Date 02/23/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jason Brown	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 2112 Pembroke Dr Fort Worth TX 76110		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: 20

2 FILER NAME

James Davien George

3 Filer ID (Ethics Commission Filers)

4 Date

02/23/2021

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

Courtney Heydenburg

7 Amount of contribution (\$)

\$250.00

6 Contributor address; City; State; Zip Code

2200 Pembroke Dr. Fort Worth TX 76110

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/23/2021

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

Aldy Ackers

Amount of contribution (\$)

\$250.00

Contributor address; City; State; Zip Code

5501 White Settlement Fort Worth TX 76114
Pl. #2425

Principal occupation / Job title (See Instructions)

VP

Employer (See Instructions)

Mackenzie Eason

Date

02/23/2021

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

Jonathan Munson

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

730 Samuel Ave. Fort Worth TX 76102

Principal occupation / Job title (See Instructions)

Director of sales

Employer (See Instructions)

Saddleback Leather Co.

Date

02/23/2021

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

Keniece Robinson

Amount of contribution (\$)

\$750.00

Contributor address; City; State; Zip Code

3221 Rosehaven Dr. Fort Worth TX 76116
#1521

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME James Darien George		3 Filer ID (Ethics Commission Filers)
4 Date 02/25/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amy Deal	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 2101 Stanley Ave. Fort Worth TX 76110		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date 02/25/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Scanton	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 2206 Windsor Pl. Fort Worth TX 76110		

Principal occupation / Job title (See Instructions) Regional Sales Director	Employer (See Instructions) Abbott
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Date 02/27/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vickie Walker	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2216 Windsor Pl. Fort Worth TX 76110		

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

Date 02/28/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cliff LeBlanc	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 603 Vatteract. Colleyville, TX 76034		

Principal occupation / Job title (See Instructions) Senior Program Manager	Employer (See Instructions) Lockheed Martin
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <u>James Darien George</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>03/02/2021</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Larry Aulin</u>	7 Amount of contribution (\$) <u>\$250.00</u>
6 Contributor address; City; State; Zip Code <u>7020 Castle Creek Ct. Fort Worth TX 76132</u>		
8 Principal occupation / Job title (See Instructions) <u>Entrepreneur</u>		9 Employer (See Instructions)
Date <u>03/05/2021</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Mitch Whitten</u>	Amount of contribution (\$) <u>\$50.00</u>
Contributor address; City; State; Zip Code <u>2239 Huntington Ln. Fort Worth TX 76110</u>		
Principal occupation / Job title (See Instructions) <u>EVP</u>		Employer (See Instructions) <u>Visit Fort Worth</u>
Date <u>03/07/2021</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Bob & Annette Tess</u>	Amount of contribution (\$) <u>\$50.00</u>
Contributor address; City; State; Zip Code <u>2212 Park Place Fort Worth TX 76110</u>		
Principal occupation / Job title (See Instructions) <u>Retired</u>		Employer (See Instructions)
Date <u>03/08/2021</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Eric Hahnfeld</u>	Amount of contribution (\$) <u>\$250.00</u>
Contributor address; City; State; Zip Code <u>1021 Carleton Ave. Fort Worth TX 76107</u>		
Principal occupation / Job title (See Instructions) <u>Principal / President / AIA</u>		Employer (See Instructions) <u>Hahnfeld Hoffer Stanford</u>
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <u>James Davien George</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>03/09/2021</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jake Yarbrough</u>	7 Amount of contribution (\$) <u>\$100.00</u>
6 Contributor address; City; State; Zip Code <u>5213 Starry Ct. Fort Worth TX 76123</u>		
8 Principal occupation / Job title (See Instructions) <u>Group Director</u>		9 Employer (See Instructions) <u>Schaefer Advertising Co.</u>
Date <u>03/09/2021</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Tara Wilson</u>	Amount of contribution (\$) <u>\$250.00</u>
Contributor address; City; State; Zip Code <u>6709 Blue Meadow Dr. Fort Worth TX 76116</u>		
Principal occupation / Job title (See Instructions) <u>CEO</u>		Employer (See Instructions) <u>Tara Wilson Agency</u>
Date <u>03/09/2021</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Douglas Punmill</u>	Amount of contribution (\$) <u>\$100.00</u>
Contributor address; City; State; Zip Code <u>1918 Pen Hall Ct. Fort Worth TX 76110</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>03/09/2021</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Martin Noto</u>	Amount of contribution (\$) <u>\$100.00</u>
Contributor address; City; State; Zip Code <u>2608 Mandy Way Arlington TX 76017</u>		
Principal occupation / Job title (See Instructions) <u>EVP/Chief lending officer</u>		Employer (See Instructions) <u>Inward National Bank</u>
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 20
2 FILER NAME James Davien George		3 Filer ID (Ethics Commission Filers)
4 Date 03/09/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aaron Williams	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 312 Parkview Dr. Alledo TX 76008		
8 Principal occupation / Job title (See Instructions) software programmer		9 Employer (See Instructions) Independent
Date 03/09/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Green	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 1454 N. Milwaukee Ave. Chicago, IL 60622		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/09/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matt Magee	Amount of contribution (\$) \$30.00
Contributor address; City; State; Zip Code 640 Taylor St. Fort Worth TX 76102		
Principal occupation / Job title (See Instructions) Associate		Employer (See Instructions) WPNHealth
Date 03/11/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brent Pemberton	Amount of contribution (\$) \$150.00
Contributor address; City; State; Zip Code 1928 Dartmoorct. Fort Worth TX 76110		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **20**

2 FILER NAME

James Darien George

3 Filer ID (Ethics Commission Filers)

4 Date

**03/12/
2021**

5 Full name of contributor

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

John Cornelsen

7 Amount of contribution (\$)

\$ 250.00

6 Contributor address;

City;

State;

Zip Code

2220 Hawthorne Ave. Fort Worth TX 76110

8 Principal occupation / Job title (See Instructions)

President

9 Employer (See Instructions)

Evolving Texas / Indigo Yoga

Date

**03/14/
2021**

Full name of contributor

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

Monte Ellison

Amount of contribution (\$)

\$ 250.00

Contributor address;

City;

State;

Zip Code

337 S. Floras Rd. Aledo TX 76008

Principal occupation / Job title (See Instructions)

General Contractor

Employer (See Instructions)

Ellison Construction

Date

**03/14/
2021**

Full name of contributor

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

Lindsay Horton

Amount of contribution (\$)

\$ 100.00

Contributor address;

City;

State;

Zip Code

2231 Stanley Ave. Fort Worth TX 76110

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**03/14/
2021**

Full name of contributor

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

Buddy McIntyre

Amount of contribution (\$)

\$ 50.00

Contributor address;

City;

State;

Zip Code

2021 Hawthorne Ave. Fort Worth TX 76110

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 20

2 FILER NAME

James Darien George

3 Filer ID (Ethics Commission Filers)

4 Date

03/17/2021

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

Kurt LaCoste

7 Amount of contribution (\$)

\$500.00

6 Contributor address; City; State; Zip Code

509 Magnolia Pkwy Benbrook TX 76126

8 Principal occupation / Job title (See Instructions)

CFO

9 Employer (See Instructions)

SDS, INC.

Date

03/17/2021

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

Christopher Botvidson

Amount of contribution (\$)

\$50.00

Contributor address; City; State; Zip Code

2020 Provincet. Fort Worth TX 76103

Principal occupation / Job title (See Instructions)

CEO / content strategist

Employer (See Instructions)

Fuel & Spark Media

Date

03/19/2021

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

Adair Taulbee

Amount of contribution (\$)

\$50.00

Contributor address; City; State; Zip Code

100 Tanywood Ct. Azle TX 76020

Principal occupation / Job title (See Instructions)

COO / Co-Founder

Employer (See Instructions)

CreditCore - 3530 Technologies

Date

03/19/2021

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

Ceth Gorabu

Amount of contribution (\$)

\$250.00

Contributor address; City; State; Zip Code

408 Timberglen Rd. Dallas, TX 75287

Principal occupation / Job title (See Instructions)

CEO

Employer (See Instructions)

FLO Wellness Group

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 20
2 FILER NAME James Davien George		3 Filer ID (Ethics Commission Filers)
4 Date 03/20/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ron Sturgeon	7 Amount of contribution (\$) \$750.00
6 Contributor address; City; State; Zip Code 5940 Eden, Fort Worth, TX 76117		
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) RDS Investments
Date 03/22/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dan Jones	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2241 Grand Lake Pkwy. Leander, TX 78641		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/23/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clay Mazur	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 3304 Westh. St. Fort Worth TX 76107		
Principal occupation / Job title (See Instructions) Managing Partner		Employer (See Instructions) Mazur Capital, LLC
Date 03/23/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alex Pelley	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 3920 Lynncree Dr. Fort Worth TX 76109		
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Brantley Pelley, PLLC
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 20
2 FILER NAME James Davien George		3 Filer ID (Ethics Commission Filers)
4 Date 03/24/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Fair	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 101 Nearl Ct. Hudson Oaks TX 76087		
8 Principal occupation / Job title (See Instructions) COO		9 Employer (See Instructions) element8
Date 03/25/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patricia Hedari Pentheria	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 4 Blue Pine Dr. Edgcliff Village TX 76134		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/25/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Field	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 8145 Cahoba Dr. Fort Worth TX 76135		
Principal occupation / Job title (See Instructions) Chief Sales Officer		Employer (See Instructions) element8
Date 03/26/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dak Hatfield	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 1455 W. Magnolia, Fort Worth TX 76104 Ste. 3050		
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Hatfield Advisors
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 20
2 FILER NAME James Davien George		3 Filer ID (Ethics Commission Filers)
4 Date 03/26/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Catherine Cuellar	7 Amount of contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code 827 Stewart Dr. Dallas, TX 75209	
8 Principal occupation / Job title (See Instructions) Director of communications		9 Employer (See Instructions) city of Dallas
Date 03/26/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthew Cooper	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 3944 Stonehenge Rd. Fort Worth TX 76109	
Principal occupation / Job title (See Instructions) VP / General Counsel		Employer (See Instructions) Finley Resources
Date 03/30/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Gorton	Amount of contribution (\$) \$250.00
	Contributor address; City; State; Zip Code 2332 Lady Cornwall Lewisville TX 75056	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Recurro Health
Date 03/12/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson Duke	Amount of contribution (\$) \$2,000.00
	Contributor address; City; State; Zip Code 4001 Hartwood Pr. Fort Worth TX 76109	
Principal occupation / Job title (See Instructions) Associate		Employer (See Instructions) Transwestern
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>20</u>
2 FILER NAME <u>James Davien George</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>03/03/2021</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Preston & Beckie Green</u>	7 Amount of contribution (\$) <u>\$250.00</u>
6 Contributor address; City; State; Zip Code <u>1200 Washington Ter. Fort Worth TX 76107</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <u>03/06/2021</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>H. D. Biddle</u>	Amount of contribution (\$) <u>\$200.00</u>
Contributor address; City; State; Zip Code <u>2215 Wilshire Blvd. Fort Worth TX 76110</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <u>03/05/2021</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Laura Funke Loftin</u>	Amount of contribution (\$) <u>\$500.00</u>
Contributor address; City; State; Zip Code <u>1313 N. Franklin Pl., Milwaukee WI 53202 #903</u>		
Principal occupation / Job title (See Instructions) <u>Dentist / owner</u>		Employer (See Instructions) <u>Funkytown Dentist</u>

Date <u>03/13/2021</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Edward Meinen</u>	Amount of contribution (\$) <u>\$1,000.00</u>
Contributor address; City; State; Zip Code <u>3841 Hilltop Rd. Fort Worth TX 76109</u>		
Principal occupation / Job title (See Instructions) <u>Financial Advisor</u>		Employer (See Instructions) <u>SagePoint Financial</u>

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>20</u>
2 FILER NAME <u>James Davien George</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>03/15/2021</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jared & Mary Rachel Shope</u> 6 Contributor address; City; State; Zip Code <u>6633 Cahaba Dr. Fort Worth TX 76135</u>	7 Amount of contribution (\$) <u>\$ 2,000.00</u>
8 Principal occupation / Job title (See Instructions) <u>President</u>		9 Employer (See Instructions) <u>Coffee Bean & Tea Leaf</u>
Date <u>03/12/2021</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Richard Stuart II</u> Contributor address; City; State; Zip Code <u>P.O. Box 1690 Weatherford, TX 76086</u>	Amount of contribution (\$) <u>\$ 2,000.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>03/12/2021</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Kyle K. Poulson</u> Contributor address; City; State; Zip Code <u>1635 Rogers Rd. Fort Worth TX 76107</u>	Amount of contribution (\$) <u>\$ 2,000.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>03/17/2021</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>L. Curtis</u> Contributor address; City; State; Zip Code <u>2104 Pembroke Dr. Fort Worth TX 76110</u>	Amount of contribution (\$) <u>\$ 500.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 20
2 FILER NAME James Davien George		3 Filer ID (Ethics Commission Filers)
4 Date 03/12/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donald & Francesca Wood 6 Contributor address; City; State; Zip Code 2236 Hurley Ave. Fort Worth TX 76110	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/24/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warren H. Gould Contributor address; City; State; Zip Code 3704 Crestline Rd. Fort Worth TX 76107	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Law Office of Warren Gould
Date 03/30/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Isaac Sr. & Elizabeth Manning Contributor address; City; State; Zip Code 2217 Windsor Pl. Fort Worth TX 76110	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Trinity Works
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

LOANS

SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: 1

2 FILER NAME

James Davien George

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 10,000.00

5 Date of loan

02/04/2021

7 Name of lender

James Davien George

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

9 Loan Amount (\$)

10,000.00

6 Is lender a financial institution?

Y N

8 Lender address;

1901 Ben Hall Ct. Fort Worth TX 76110

City;

State;

Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

Managing Partner

13 Employer (See Instructions)

Mackenzie Eason

14 Description of Collateral

none

15

Check if personal funds were deposited into political account (See Instructions)

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 (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address;

City;

State;

Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>6</u>		2 FILER NAME <u>James Davien George</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>3/25/2021</u>		5 Payee name <u>Murphy Nasica</u>			
6 Amount (\$) <u>700.65</u>		7 Payee address; <u>815-A Brazos Ct. Ste. 304</u>		City; State; Zip Code <u>Austin TX 78701</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Printing Expense</u>		(b) Description <u>Doorhangers</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <u>03/24/2021</u>		Payee name <u>Murphy Nasica</u>			
Amount (\$) <u>709.47</u>		Payee address; <u>815-A Brazos Ct. Ste. 304</u>		City; State; Zip Code <u>Austin TX 78701</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>		Description <u>EVBM Text Messages</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <u>03/22/2021</u>		Payee name <u>Murphy Nasica</u>			
Amount (\$) <u>246.10</u>		Payee address; <u>815-A Brazos Ct. Ste. 304</u>		City; State; Zip Code <u>Austin TX 78701</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Printing Expense</u>		Description <u>Doorhanger reorder</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>6</i>	2 FILER NAME <i>James Davien George</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>01/22/2021</i>	5 Payee name <i>Murphy Nasica</i>	
6 Amount (\$) <i>\$4,137.40</i>	7 Payee address; City; State; Zip Code <i>815-A Brazos st. Austin TX 78701</i> <i>ste. 304</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising / Printing</i>	(b) Description <i>Mailer: Data, print, postage</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>03/01/2021</i>	Payee name <i>Murphy Nasica</i>	
Amount (\$) <i>\$8,661.10</i>	Payee address; City; State; Zip Code <i>815-A Brazos st. Austin TX 78701</i> <i>ste. 304</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>consulting</i>	Description <i>March grassroots campaign</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>03/31/2021</i>	Payee name <i>Anedot</i>	
Amount (\$) <i>\$809.56</i>	Payee address; City; State; Zip Code <i>N/A</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <i>contributions</i> <i>Electronic donation fees</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME James Darien George	3 Filer ID (Ethics Commission Filers)
4 Date 3/17/2021	5 Payee name Murphy Nasica	
6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code 815-A Brazos Ct. Austin TX 78701 Ste. 304	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising / Consulting	(b) Description Digital Ads & consulting - March 2021
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 03/17/2021	Payee name Murphy Nasica	
Amount (\$) \$255.00	Payee address; City; State; Zip Code 815-A Brazos Ct. Austin TX 78701 Ste. 304	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Photoshoot
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 03/11/2021	Payee name Murphy Nasica	
Amount (\$) \$227.97	Payee address; City; State; Zip Code 815-A Brazos Ct. Austin TX 78701 Ste. 304	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description Doorhanger reor-tv
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>6</i>	2 FILER NAME <i>James Davien George</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>03/11/2021</i>	5 Payee name <i>Murphy Nascia</i>	
6 Amount (\$) <i>\$1,036.49</i>	7 Payee address; <i>815-A Brazos St. ste. 304</i>	City; State; Zip Code <i>Austin TX 78701</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing</i>	(b) Description <i>4x4 road signs</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>03/10/2021</i>	Payee name <i>Murphy Nascia</i>		
Amount (\$) <i>\$2,424.34</i>	Payee address; <i>815-A Brazos St. ste. 304</i>	City; State; Zip Code <i>Austin TX 78701</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contract Labor</i>	Description <i>Road sign installation</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>03/05/2021</i>	Payee name <i>Ft. Worth HighTech Signs Co.</i>		
Amount (\$) <i>\$240.48</i>	Payee address; <i>3141 Joyce Dr.</i>	City; State; Zip Code <i>Fort Worth TX 76114</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising/Printing</i>	Description <i>Custom notecards w/ envelopes</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>6</u>		2 FILER NAME <u>James Darrin George</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>02/26/2021</u>		5 Payee name <u>Ft. Worth HighTech Signs Co.</u>			
6 Amount (\$) <u>\$1,624.50</u>		7 Payee address; <u>3141 Joyce Dr.</u>		City; State; Zip Code <u>Fort Worth TX 76116</u>	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising / Printing</u>		(b) Description <u>yard signs / wire stakes</u>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <u>03/01/2021</u>		Payee name <u>Murphy Nasica</u>			
Amount (\$) <u>\$1,000.00</u>		Payee address; <u>915-A Brazos St. Ste. 304</u>		City; State; Zip Code <u>Austin TX 78701</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>consulting</u>		Description <u>monthly consulting fee - March 2021</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <u>02/11/2021</u>		Payee name <u>Murphy Nasica</u>			
Amount (\$) <u>\$39.55</u>		Payee address; <u>915-A Brazos St. Ste. 304</u>		City; State; Zip Code <u>Austin TX 78701</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Printing</u>		Description <u>Name tags</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>6</i>	2 FILER NAME <i>James Darien George</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>02/11/2021</i>	5 Payee name <i>Murphy Nascica</i>	
6 Amount (\$) <i>\$61.70</i>	7 Payee address; City; State; Zip Code <i>815-A Brazos St. Austin TX 78701</i> <i>ste. 304</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing</i>	(b) Description <i>Business cards</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>02/09/2020</i>	Payee name <i>Murphy Nascica</i>		
Amount (\$) <i>\$1,434.31</i>	Payee address; City; State; Zip Code <i>815-A Brazos St. Austin TX 78701</i> <i>ste. 304</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing</i>	Description <i>4x8 road signs</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date <i>02/09/2021</i>	Payee name <i>Murphy Nascica</i>		
Amount (\$) <i>\$2,500.00</i>	Payee address; City; State; Zip Code <i>815-A Brazos St. Austin TX 78701</i> <i>ste. 304</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>consulting</i>	Description <i>signing fee</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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