

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**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: 14
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Gyna	FIRST M	MI
	NICKNAME Bivens	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	[REDACTED]		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (817)	PHONE NUMBER 9378845	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Roy	FIRST W	MI
	NICKNAME Bivens	LAST	SUFFIX J
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE Carverly		
8 CAMPAIGN TREASURER PHONE	AREA CODE (817)	PHONE NUMBER 9861772	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 4 / 1 / 21 THROUGH 4 / 23 / 21		
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE Primary Runoff Other Description General Special	
12 OFFICE	OFFICE HELD (if any) City Council D-5	13 OFFICE SOUGHT (if known) City Council D-5	
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.		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 23150
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 14890.02
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

Gyena M. Bivens
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Gyena Bivens, and my date of birth is 10-16-59.
My address is 5915 McLane, FL, TX, 76124 Threat.
(street) (city) (state) (zip code) (country)
Executed in Tarrant County, State of Texas, on the 23 day of April, 20 21.
(month) (year)
Gyena Bivens
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Gina M. BIVENS</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>23150</i>
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>—</i>
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>—</i>
4.	SCHEDULE E: LOANS	\$ <i>—</i>
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>14890</i>
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	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: 7
2 FILER NAME Gyna M. Bivens		3 Filer ID (Ethics Commission Filers)
4 Date 04/21/2021	5 Full name of contributor out-of-state PAC (ID#: Debbie Meir 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Professional		9 Employer (See Instructions)
Date 04/21/2021	Full name of contributor out-of-state PAC (ID#: Trinity River Farm Contributor address; City; State; Zip Code Randol Mill Ave. FW TX	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/19/2021	Full name of contributor out-of-state PAC (ID#: Linda Garcia Contributor address; City; State; Zip Code website	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/17/2021	Full name of contributor out-of-state PAC (ID#: Jarred Howard Contributor address; City; State; Zip Code Keller, TX	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Professional		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:
2 FILER NAME Gyna M. Bivens		3 Filer ID (Ethics Commission Filers)
4 Date 04/21/2021	5 Full name of contributor out-of-state PAC (ID#: Joe Paniagua 6 Contributor address; City; State; Zip Code Fort Worth, TX	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions) Justice of the Peace		9 Employer (See Instructions) Tarrant County
Date 04/10/2001	Full name of contributor out-of-state PAC (ID#: Nicole Collier Contributor address; City; State; Zip Code Fort Worth, TX	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/01/2001	Full name of contributor out-of-state PAC (ID#: Jonathan Morrison Contributor address; City; State; Zip Code Fort Worth, TX	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/01/2021	Full name of contributor out-of-state PAC (ID#: Amanda Wheeler Contributor address; City; State; Zip Code	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Professional		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:**2** FILER NAME

Gyna M. Bivens

3 Filer ID (Ethics Commission Filers)**4** Date

04/21/2021

5 Full name of contributor

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

Lisa Woodard

7 Amount of contribution (\$)

200.00

6 Contributor address;

City;

State;

Zip Code

Grenada Ave. FW TX

8 Principal occupation / Job title (See Instructions)

Justice of the Peace

9 Employer (See Instructions)

Tarrant County

Date

04/14/2001

Full name of contributor

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

Devoyd Jennings

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

Parkwood, Forest Hill, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/12/2001

Full name of contributor

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

Randle Howard

Amount of contribution (\$)

300.00

Contributor address;

City;

State;

Zip Code

Fort Worth, TX 76120

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

04/12/2021

Full name of contributor

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

James McLain

Amount of contribution (\$)

2,500.00

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Professional

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:
2 FILER NAME Gyna M. Bivens		3 Filer ID (Ethics Commission Filers)
4 Date 03/10/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Mike and Rosie Moncrief 6 Contributor address; City; State; Zip Code 777 Taylor Street, FW TX 76102	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) Professional		9 Employer (See Instructions)
Date 04/17/2021	Full name of contributor out-of-state PAC (ID#: _____) Trojan Commercial Real Estate Contributor address; City; State; Zip Code 3228 Collinsworth, FW TX 76107	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/19/2021	Full name of contributor out-of-state PAC (ID#: _____) Greater FW Association of Realtors for PAC Noncorporate Contributor address; City; State; Zip Code 2650 Parkview FW TX 76102	Amount of contribution (\$) 2,500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/01/2021	Full name of contributor out-of-state PAC (ID#: _____) Jeremis Smith Contributor address; City; State; Zip Code Fort Worth, TX	Amount of contribution (\$) 2,500.00
Principal occupation / Job title (See Instructions) Professional		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:
2 FILER NAME Gyna M. Bivens		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#: _____) J. Chris Gavras or Sally Gavras	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code 1301 Throckmorton, #2105 FW TX 76102		
8 Principal occupation / Job title (See Instructions) Professional		9 Employer (See Instructions)
Date 04/13/2021	Full name of contributor out-of-state PAC (ID#: _____) Greater FWReal Estate Council PAC	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code 777 Main St. #2100 FW TX 76102		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/01/2021	Full name of contributor out-of-state PAC (ID#: _____) Simeon Henderson	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 8137 Marydean Ave. FW TX 76116		
Principal occupation / Job title (See Instructions) Professional		Employer (See Instructions)
Date 03/22/2021	Full name of contributor out-of-state PAC (ID#: _____) Sandra McGlothlin	Amount of contribution (\$) 5,000.00
Contributor address; City; State; Zip Code 5301 Sun Valley Dr FW TX 76119		
Principal occupation / Job title (See Instructions) Professional		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.		

SCHEDULE A1

The Instruction Guide explains how to complete this form.

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

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

7 Amount of contribution (\$)

City;

State;

Zip Code

1,000.00

Professional

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

04/01/2021

City;

State;

Zip Code

250.00

Employer (See Instructions)

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

03/08/2021

City;

State;

Zip Code

150.00

Retired

out-of-state PAC (ID#:

04/01/2021

City;

State;

Zip Code

~~2,500.00~~

Professional

Revised 8/17/2020

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:
2 FILER NAME Gyna M. Bivens		3 Filer ID (Ethics Commission Filers)
4 Date 04/01/2021	5 Full name of contributor Gary Cumbie out-of-state PAC (ID#: 6 Contributor address; Fort Worth, TX 7612 City; State; Zip Code	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) Justice of the Peace		9 Employer (See Instructions) Tarrant County
Date 4/23/21	Full name of contributor For The Children PAC Contributor address; Ft TX City; State; Zip Code	Amount of contribution (\$) 5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/01/2021	Full name of contributor Amanda Wheeler Contributor address; City; State; Zip Code	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Professional		Employer (See Instructions)
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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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Gyna M. Bivens		3 Filer ID (Ethics Commission Filers)	
4 Date 4-1-21		5 Payee name Rachel Dehwa			
6 Amount (\$) 150 ⁰⁰		7 Payee address; City; State; Zip Code 3208 Riverlakes Hurst TX 76053			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Photography		(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.		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 4-1-21		Payee name Sylvia Allen			
Amount (\$) 100 ⁰⁰		Payee address; City; State; Zip Code 5462 Bong Fu TX 76112			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Canvassing		Description		
	Check if travel outside of Texas. Complete Schedule T.		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 4-7-21		Payee name Waylon Bivens			
Amount (\$) 4000		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Sign Labor		Description		
	Check if travel outside of Texas. Complete Schedule T.		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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Gyna M. Bivens		3 Filer ID (Ethics Commission Filers)	
4 Date 4-20-21		5 Payee name Mark Carter			
6 Amount (\$) 100.00		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Dining for canvasses		(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.		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 4-24-21		Payee name Michael Jefferson			
Amount (\$) 150		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Canvassing		Description		
	Check if travel outside of Texas. Complete Schedule T.		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 4.16.21		Payee name Murphy NASH			
Amount (\$) 6199.08		Payee address; City; State; Zip Code Irving TX			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting		Description		
	Check if travel outside of Texas. Complete Schedule T.		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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Gyna M. Bivens		3 Filer ID (Ethics Commission Filers)	
4 Date 4-13-2001		5 Payee name Murphy NASICA			
6 Amount (\$) 449.85		7 Payee address, Decker Drive		City; Irving TX	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting		(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.		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 4-6-21		Payee name Murphy NASICA			
Amount (\$) 5261.09		Payee address; Irving		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting		Description		
	Check if travel outside of Texas. Complete Schedule T.		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 4-20-2001		Payee name Murphy NASICA			
Amount (\$) 2000		Payee address; Irving TX		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting		Description		
	Check if travel outside of Texas. Complete Schedule T.		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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Gyna M. Bivens		3 Filer ID (Ethics Commission Filers)
4 Date 4-20-21	5 Payee name Rachel DeLira		
6 Amount (\$) 150	7 Payee address; City; State; Zip Code Hurst TX		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other - Photography		(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. 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 4-1-21	Payee name Mark Carter		
Amount (\$) 100	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food		Description
	Check if travel outside of Texas. Complete Schedule T. 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 4.22.21	Payee name Michael Jefferson		
Amount (\$) 150	Payee address; City; State; Zip Code Fort Worth TX		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) polling		Description
	Check if travel outside of Texas. Complete Schedule T. 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			