

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TX

FORM C/OH
COVER SHEET PG 1

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

1 ACCOUNT #
(Ethics Commission Filer)

2 Total pages filed:

31

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Gyna

M

NICKNAME

LAST

Bivens

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

5913 McKaskle Drive

Fort Worth

TX

76119

☐ change of address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817)

446 7454

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Roy

W

NICKNAME

LAST

SUFFIX

Bivens

7 CAMPAIGN
TREASURER
ADDRESS
(residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

2437 Stephen Lee Drive

Fort worth

TX

76119

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817)

986 1772

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 \$500
limit

☐ Final report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

1 / 1 / 15

THROUGH

Month

Day

Year

3 / 30 / 15

11 ELECTION

Month

ELECTION DATE

Day

Year

5 / 9 / 15

ELECTION TYPE

☐ Primary

☐ Runoff

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

City Council District 5
Fort Worth, TX

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Gyna M. Bivens

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 26374.77

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 14553.85

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 27999.02

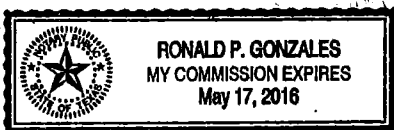
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

18 AFFIDAVIT

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



Gyna M. Bivens
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Gyna M. Bivens, this the 9th day of April, 20 15, to certify which, witness my hand and seal of office.

Ronald P. Gonzales
Signature of officer administering oath

Ronald P. Gonzales
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1/14/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Geraldine Thomas 6 Contributor address; City; State; Zip Code 4213 Wilhelm St Ft TX 76119	7 Amount of contribution (\$) 500	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
2/14/15	Allen & Benny Tucker Contributor address; City; State; Zip Code 3404 Fite Street Euless TX 76040	300	
2/14/15	Paulette Turner Contributor address; City; State; Zip Code 3801 Hillside Grapevine TX	100	
3/20/15	Stephanie Valdez Contributor address; City; State; Zip Code 3306 Ashleaf Dr Carrollton TX 75007	100	
2/14/15	Emma Walker Contributor address; City; State; Zip Code 2700 Greenbrook Arlington 76016	100	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/14/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kenneth Saylor 6 Contributor address; City; State; Zip Code 4257 Avenue N FWTX 76105	7 Amount of contribution (\$) 200	8 In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2/14/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: EMMA SIMMONS Contributor address; City; State; Zip Code 4471 Burke Rd FW TX 76119	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/14/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Chaudette Smith Contributor address; City; State; Zip Code 4466 Burke Rd FWTX 76119	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/16/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Judy Taylor Contributor address; City; State; Zip Code 2604 Stark FWTX 76112	Amount of contribution (\$) 25	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/19/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Gary Terry Contributor address; City; State; Zip Code 117 Shady Lake Ct. Hurst TX 76054	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

3/25/15

Norma Roby

6 Contributor address; City; State; Zip Code

7574 Morrison Ct
FtW 76112

250

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

2/14/15

E/ Rita Rogers

Contributor address; City; State; Zip Code

2308 Jensen Cir Ft TX
76112

60

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

2/14/15

Marlon Rollins

Contributor address; City; State; Zip Code

825 S. R.L. Thornton
Dallas, TX 75203

250

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

3/28/15

Marlon Rollins

Contributor address; City; State; Zip Code

825 S. R.L. Thornton
Dallas TX 75203

500

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

2/10/15

Charles & Binnie San Barry

Contributor address; City; State; Zip Code

14861 Meadowland Circle
Newark TX

100

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

2/14/15

John Proctor

6 Contributor address; City; State; Zip Code

1526 Oak Meadows
Dallas TX 75232

500

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

2/10/15

Mr & Mrs John Pulice

Contributor address; City; State; Zip Code

7712 Meadowbrook
Ft Worth TX 76112

50

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

2/15/15

David Ragan

Contributor address; City; State; Zip Code

7501 Bridge
Ft Worth TX 76118

100

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

2/14/15

Mitch Reutman

Contributor address; City; State; Zip Code

3805 Trail Edge
Ft Worth TX 76109

100

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

2/10/15

John Road

Contributor address; City; State; Zip Code

2805 Alton Road
Ft Worth TX 76109

250

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/5/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Alex Nasson 6 Contributor address; City; State; Zip Code 309 S. Oakland Ave FWX 76103	7 Amount of contribution (\$) 105	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2/14/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Timothy Neely Contributor address; City; State; Zip Code 3312 Bright Street FWX 76119	Amount of contribution (\$) 10	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/24/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mr. & Mrs. Gary Nechitt Contributor address; City; State; Zip Code 9441 Merganser FWX 76118	Amount of contribution (\$) 100	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/25/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Lynn Faulk Contributor address; City; State; Zip Code 6115 Camp Bowie #270 FWX 76116	Amount of contribution (\$) 50	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/15/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Reed Pigman Contributor address; City; State; Zip Code 200 Texas Way FWX 76106	Amount of contribution (\$) 500	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/28/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Trelan Mapp 6 Contributor address; City; State; Zip Code 12612 Beech Tree Ln Euler TX 76040	7 Amount of contribution (\$) 125	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2/14/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mary McCray Contributor address; City; State; Zip Code 6009 MACeo Dr FW TX 76112	Amount of contribution (\$) 35	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/12/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: William Meadows Contributor address; City; State; Zip Code 3904 Hamilton Ave F.W. TX 76107	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/14/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Michael Moncrief Contributor address; City; State; Zip Code 727 Taylor Fw TX 76102	Amount of contribution (\$) 250	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/14/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Christene Mott Contributor address; City; State; Zip Code 5625 Everhoke Dr FW TX 76112	Amount of contribution (\$) 30	In-kind contribution description (if applicable)
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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/20/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Linebarger Goggan Blair Kingston	7 Amount of contribution (\$) 2500	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 100 Throckmorton #300 F.W. TX 76102		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2/14/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Sammie Thomas	Amount of contribution (\$) 25	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2209 Luca Avenue F.W. TX 76112		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/28/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Christopher Lewis	Amount of contribution (\$) 250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2301 N. Collins St 238 Arlington TX 76011		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/12/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Arnold Louden	Amount of contribution (\$) 2500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 599 W. 7th, Unit 27, Ste 1007 F.W. TX 76102		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/14/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) John Maddux	Amount of contribution (\$) 50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2120 Ridgmar Ste. 14 F.W. TX 76116		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/10/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ted G. Oja Jones Contributor address; City; State; Zip Code 3232 Knox Dr. FW TX 76119	7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2/20/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Karl Komatsu Contributor address; City; State; Zip Code 3905 Lenx F.W. TX 76107	Amount of contribution (\$) 250	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/18/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ann Kovich Contributor address; City; State; Zip Code 4000 Fossil Creek Blvd FW TX 76137	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/20/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Thomas Krantz Contributor address; City; State; Zip Code 807 N. Oak Cliff Blvd Dallas TX 75208	Amount of contribution (\$) 250	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/17/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Marty Leonard Contributor address; City; State; Zip Code 1411 Shady Oaks Ln FW TX 76107	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

2/14/15

J.E. Hornby

6 Contributor address; City; State; Zip Code

3537 Creekside Ct Bedford TX 76021

300.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

3/27/15

Canbey Hanger

Contributor address; City; State; Zip Code

600 West 7th Street
Ft. Worth TX 76102

500

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

2/20/15

Eugene Hunter

Contributor address; City; State; Zip Code

1400 Country Manor Rd
Ft. Worth TX 76123

100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

2/20/15

Stacey Jandrucko

Contributor address; City; State; Zip Code

617 Westwood Avenue
Ft. Worth TX 76107

1000

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

2/14/15

Willis Sophia Johnson

Contributor address; City; State; Zip Code

1001 Bellevue #1001
Dallas TX 75215

250

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

2/14/15

Rev. Nehemiah Davis

Contributor address; City; State; Zip Code

2300 Timberline Fwy 76119

250

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

2/12/15

Dennis Dunkins

Contributor address; City; State; Zip Code

4421 Wilhelm Fwy 76115

25

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

2/12/15

Jan Fering

Contributor address; City; State; Zip Code

3800 Trailwood Lane Fwy 76109

100

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

2/14/15

Freese & Nichols PAC

Contributor address; City; State; Zip Code

4005 International Plaza Fwy 76109

250

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

2/14/15

Gant & Hicks

Contributor address; City; State; Zip Code

1409 S. Lamar Dallas TX 75214

1000

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/18/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Franklin Burkley 6 Contributor address; City; State; Zip Code 2508 Timberline Dr 76119	7 Amount of contribution (\$) 25	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2/14/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Barbara Cager Contributor address; City; State; Zip Code 4100 Aragon Dr. Ft TX 76133	Amount of contribution (\$) 50	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/14/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Michael Campbell Contributor address; City; State; Zip Code 5732 Village Course Circle Ft TX 76119	Amount of contribution (\$) 150	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/14/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Tina Nancy Carter Contributor address; City; State; Zip Code 3408 Russwood Ct Ft TX 76109	Amount of contribution (\$) 250	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/14/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Reba Cary Contributor address; City; State; Zip Code 1802 Bunche Dr Ft TX 76112	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/20/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Denny Alexander 6 Contributor address; City; State; Zip Code 4200 S. Huber Pk 76109	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
10 Employer (See Instructions)			
Date 2/18/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: J.C. Barnd Contributor address; City; State; Zip Code 7249 Specklebelly Pk TX 76120	Amount of contribution (\$) 125	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date 2/14/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bertha Barnes Contributor address; City; State; Zip Code 4450 Burke Rd FW TX 76119	Amount of contribution (\$) 25	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date 2/18/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kenneth & Karen Barr Contributor address; City; State; Zip Code 3101 Arondale FW TX 76109	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date 2/20/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jerry Barton Contributor address; City; State; Zip Code 3512 Stone Creek Pk TX 76107	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/18/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Good Government Fund 6 Contributor address; City; State; Zip Code 201 Mann Fwy 76102	7 Amount of contribution (\$) 1500	8 In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2/14/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Cong. Ray Granger Contributor address; City; State; Zip Code 1701 River Run Fwy 76107	Amount of contribution (\$) 300	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/14/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Gary & Jidelle Havener Contributor address; City; State; Zip Code P.O. 121969 Fwy 76121	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/23/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ralph Heath Contributor address; City; State; Zip Code 455 Wood Lake Rd Arlene 76001	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/10/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jo Hickman Contributor address; City; State; Zip Code 5868 Merrymount Rd Fwy 76107	Amount of contribution (\$) 200	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/10/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Marlene Beckman	7 Amount of contribution (\$) 250	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3116 W. 6th Fwy TX 76107		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2/4/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: General Q Brenda Berry	Amount of contribution (\$) 50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 103 N. Wilomet Dallas TX 75208		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/30/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Elvis & Margie Bowman	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3825 Canyon Lac Trail Burkeston TX 76028		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/20/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Joseph Breedlove Jr (Con Rep)	Amount of contribution (\$) 250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1900 Ballpark Way Arlington TX 76006		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/14/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: James & Evelyn Brown	Amount of contribution (\$) 25	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1428 Roma Lane Fwy 26134		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

3/7/15

Richard Casarez

6 Contributor address; City; State; Zip Code

6900 Cantera Dr. FW TX 76108

200

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

2/14/15

Cash America PAC

Contributor address; City; State; Zip Code

1600 W. 7th Street FW TX 76102

300

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

2/14/15

Christine Lee

Contributor address; City; State; Zip Code

306 W. 7th FW TX 76102

100

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

2/14/15

PATRICIA CLARK

Contributor address; City; State; Zip Code

3912 Bright FW TX 76119

1000

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

2/14/15

DON BOREN & WANDA COULIN

Contributor address; City; State; Zip Code

1755 Martel FW TX 76103

100

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/20/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Melanne Bivens 6 Contributor address; City; State; Zip Code 1420 Marina Bay Kemar 72565	7 Amount of contribution (\$) 100 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/27/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bell Helicopter Textron PAC Contributor address; City; State; Zip Code P.O. Box 482 Fw Tx 76101	Amount of contribution (\$) 500 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/27/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mike Moncrief Contributor address; City; State; Zip Code 777 Taylor Street Fw Tx 76102	Amount of contribution (\$) 250 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/22/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Marie Holiday Contributor address; City; State; Zip Code 3506 Yacht Club Arlington 76016	Amount of contribution (\$) 100 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/27/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Michael & Margaret Caddick Contributor address; City; State; Zip Code 4904 Dexter Fw Tx 76107	Amount of contribution (\$) 50 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/14/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Dr. T.C. Webster 6 Contributor address; City; State; Zip Code 4817 Panda F.W. TX 76103	7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
10 Employer (See Instructions)			
Date 2/14/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Tommy A. Dresdore White Contributor address; City; State; Zip Code 15513 Sweetpine Lane Roanoke TX 76267	Amount of contribution (\$) 158	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date 2/14/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Dahana Christine Williams Contributor address; City; State; Zip Code 2721 Escalante F.W. TX 76112	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date 2/14/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Lisa A. Rose Woodard Contributor address; City; State; Zip Code P.O. Box 1596 F.W. TX 76119	Amount of contribution (\$) 158	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date 3/16/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) William A. Nedin Bruzen Contributor address; City; State; Zip Code 7650 Meadowbrook F.W. TX 76112	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/15/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Phil Ratter 6 Contributor address: City: State: Zip Code 10824 Aladdin DALLAS TX 75229	7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/15/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Aurelia Sanders Contributor address: City: State: Zip Code 1404 Nobleman Desoto TX 75715	Amount of contribution (\$) 100	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/15/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Greg Hughes Contributor address: City: State: Zip Code 2544 Stadium FW TX 76109	Amount of contribution (\$) 100	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/15/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mannel Torres Contributor address: City: State: Zip Code 11937 Vienna Apple Rd. F.W. TX 76244	Amount of contribution (\$) 100	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/15/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: NAOMI WALKER Contributor address: City: State: Zip Code 7726 W. Highway 199 SPRINGTOWN, TX 76082	Amount of contribution (\$) 100	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/15/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jackie Walton 6 Contributor address; City; State; Zip Code 1824 Ellington	7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/15/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TRAVIS DeVault Contributor address; City; State; Zip Code 4920 Bob Wills Drive	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/30/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) F.W. PCA Cntr for Public Safety	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) 234409
6 Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/25/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) The FWP System Group	Amount of contribution (\$)	In-kind contribution description (if applicable) 96568
Contributor address; City; State; Zip Code 4055 Interactl Plank F.W.		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
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 F: <u>7</u>		2 FILER NAME <u>Dyna Biven</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>1-20-15</u>		5 Payee name <u>Southern Bank</u>			
6 Amount (\$) <u>695</u>		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <u>Bank fees</u>		(b) Description (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 <u>2-13-15</u>		Payee name <u>Ultimate Cupcake</u>			
Amount (\$) <u>53.17</u>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Food</u>		Description (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 <u>2-17-15</u>		Payee name <u>City of Fort Worth</u>			
Amount (\$) <u>100</u>		Payee address; City; State; Zip Code <u>1000 Throckmorta</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Filing fee</u>		Description (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 <u>2-21-15</u>		Payee name <u>Southern Bank</u>			
Amount (\$) <u>695</u>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Bank fees</u>		Description (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**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2-26-15		5 Payee name United States Postal			
6 Amount (\$) 49.00		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Postage		(b) Description (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 3-2-15		Payee name Christene Pharr			
Amount (\$) 30.00		Payee address; City; State; Zip Code Eisenhower			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Campaign donation		Description (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 3-2-15		Payee name Custom Sign Banner			
Amount (\$) 15.00		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Political sign		Description (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 3-3-15		Payee name Custom Sign Banner			
Amount (\$) 1989.75		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Political sign		Description (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**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
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 F:		2 FILER NAME Gunn B. New		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3-6-15		5 Payee name Omni Fort Worth Parking			
6 Amount (\$) 15.00		7 Payee address; City; State; Zip Code Houston F.W. TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Transportation		(b) Description (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 3-11-15		Payee name Harlan Clarke Checks			
Amount (\$) 27.50		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Bank charges		Description (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 3-13-15		Payee name Office Depot			
Amount (\$) 73.56		Payee address; City; State; Zip Code 1460 Eastchase TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Supplier		Description (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 3-16-15		Payee name Poppyes Chicken			
Amount (\$) 28.02		Payee address; City; State; Zip Code #116 Fort Worth TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food		Description (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**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
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 F:	2 FILER NAME <i>Gunn & Bowen</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>3-16-15</i>	5 Payee name <i>United States Postal</i>	
6 Amount (\$) <i>73.50</i>	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Postage</i>	(b) Description (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>2-23-15</i>	Payee name <i>Fort Worth Art</i>	
Amount (\$) <i>263.00</i>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <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>3-17-15</i>	Payee name <i>Dalain Wilkins for Home Depot</i>	
Amount (\$) <i>100.00</i>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Installation of equipment</i>	Description (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>3-17-15</i>	Payee name	
Amount (\$) <i>4.21</i>	Payee address; City; State; Zip Code <i>5800 E Bagley TX 76115</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>BANK FEES</i>	Description (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

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME Anna Bivens		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3-20-15		5 Payee name Southside Bank			
6 Amount (\$) 6.95		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Bank Fee		(b) Description (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 3-20-15		Payee name Murphy Nasick			
Amount (\$) 9692.99		Payee address; City; State; Zip Code Brazos, Austin TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (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 3-23-15		Payee name Smockey BBQ			
Amount (\$) 44.97		Payee address; City; State; Zip Code E LANCAR FE TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food		Description (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 3-24-15		Payee name Robert L. Taylor			
Amount (\$) 50.00		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Anniversary Contrib		Description (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	

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
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 F:		2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3-26-15		5 Payee name Home Depot			
6 Amount (\$) 84.50		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) supplies		(b) Description (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 3-26-15		Payee name Dixie House			
Amount (\$) 1055		Payee address; City; State; Zip Code E. Lancaster			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (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 3-30-15		Payee name Home Depot			
Amount (\$) 12523		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <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 3-30-15		Payee name Kohache Shopp			
Amount (\$) 1800		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <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**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
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 F:		2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3-31-15		5 Payee name Delta Sigma Theta			
6 Amount (\$) 100		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Scholarship Fund		(b) Description (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 3-24-15		Payee name HALL JAMES			
Amount (\$) 100		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Scholarship Fund		Description (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		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <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		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <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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