

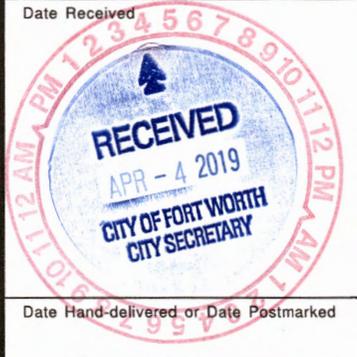
# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**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 Filer  (Ethics Commission Filers) 2 Total pages filed: 22

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="radio"/>	FIRST <u>GUNA</u>	MI <u>M</u>	<b>OFFICE USE ONLY</b>		
	NICKNAME	LAST <u>Bivens</u>	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
	<u>5913 McKaskle</u>					
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	<u>(817)</u>	<u>4467454</u>				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="radio"/>	FIRST <u>Roy</u>	MI <u>W</u>	Date Received  Date Hand-delivered or Date Postmarked		
	NICKNAME	LAST <u>Bivens</u>	SUFFIX <u>Jr</u>			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE;	ZIP CODE
	<u>1701 Carverwy Fort Worth TX 76112</u>					
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	<u>(817)</u>	<u>9861772</u>				
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year
	<u>Jan / 1 / 2019</u>			THROUGH	<u>MAR / 25 / 2019</u>	
11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
			<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)		
	<u>Council member</u>			<u>Councilmember</u>		

**GO TO PAGE 2**

2/22

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

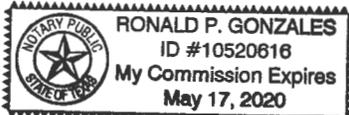
<b>14</b> C/OH NAME	<b>15</b> Filer ID (Ethics Commission Filers)
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<b>16</b> NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL 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	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

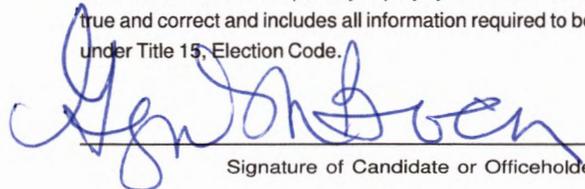
CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 25000
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 27425.71
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 15818.92
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.



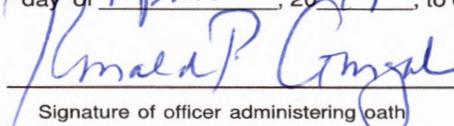
RONALD P. GONZALES  
ID #10520616  
My Commission Expires  
May 17, 2020



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, 2019, to certify which, witness my hand and seal of office.



Signature of officer administering oath

Ronald P. Gonzales

Printed name of officer administering oath

Notary

Title of officer administering oath

2/22

# SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
---------------	--

21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 25,000
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 274,257.71
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>3/29</u>
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>CAROL HARRIS</u>	7 Amount of contribution (\$) <u>1000<sup>00</sup></u>
<u>2/28/19</u>	6 Contributor address; City; State; Zip Code <u>Sp. Her FW TX 76105</u>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Scott &amp; Theresa Williamson</u>	Amount of contribution (\$) <u>100<sup>00</sup></u>
<u>3/21/19</u>	Contributor address; City; State; Zip Code <u>737 Newport Rd FW TX 76178</u>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>PSEL PAC</u>	Amount of contribution (\$) <u>500<sup>00</sup></u>
<u>3/6/19</u>	Contributor address; City; State; Zip Code <u>201 Main FW TX 76102</u>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Johanna &amp; Patricia Self</u>	Amount of contribution (\$) <u>200<sup>00</sup></u>
<u>3/2/19</u>	Contributor address; City; State; Zip Code <u>616 Warten Ct FW TX 76020</u>	
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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

9/22

2 FILER NAME

Gunn Bivens

3 Filer ID (Ethics Commission Filers)

4 Date

2/14/19

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

Matth Reutman

6 Contributor address; City; State; Zip Code

3805 Trade Edge Fwy TX 76109

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/24/19

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

MARY McCray

Contributor address; City; State; Zip Code

Forthworth TX

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/1/19

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

ELNITA ROSE

Contributor address; City; State; Zip Code

2508 Jensen Cr Fort Worth TX 76112

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/22/19

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

CHRISTIE A. DANA WILLIAMS

Contributor address; City; State; Zip Code

272 Escalante Fwy TX 76178

Amount of contribution (\$)

100.00

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5/22

2 FILER NAME

GYNNA BLOENR

3 Filer to (Ethics Commission Filers)

4 Date

2/22/19

5 Full name of contributor

DEVONA JENNINGS BLOENR BARBEE

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

100.00

6 Contributor address;

City; State; Zip Code

4551 Parkwood East Hill TX 76110

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/26/19

Full name of contributor

MIKE GREGG MOOREHEAD

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

777 Taylor Fwy TX 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/27/19

Full name of contributor

MR & MRS JOHN RICH

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

2805 Alto Dr Fwy TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/27/19

Full name of contributor

CHENOA THOMPSON

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

7413 Arbor Hill Fwy TX 76120

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1/22

2 FILER NAME

Gunn Blevins

3 Filer ID (Ethics Commission Filers)

4 Date

2/27/19

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Reed PIGMAN

6 Contributor address; City; State; Zip Code

200 Texas Way FW TX 76106

7 Amount of contribution (\$)

500<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/18

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Dawn Parnell

Contributor address; City; State; Zip Code

4600 Mercantile FW TX 76137

Amount of contribution (\$)

250<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/28/19

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

JSPF Investments

Contributor address; City; State; Zip Code

6505 S. Main FW TX 76104

Amount of contribution (\$)

500<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/16/19

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Good Government Fund

Contributor address; City; State; Zip Code

FW TX 76102

Amount of contribution (\$)

500<sup>00</sup>

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

The instruction Guide explains how to complete this form.

1 Total pages/Schedule A1:

3/22

2 FILER NAME

Gina Bivens

3 Filer ID (Ethics Commission Filers)

4 Date

4/21/19

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

MARY KAY G. GREG HUGHES

6 Contributor address;

City; State; Zip Code

2544 Stadium FW TX 76109

7 Amount of contribution (\$)

150<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/8/19

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

BERT G. JOYCE WILLIAMS

Contributor address;

City; State; Zip Code

1700 Ellington FW TX 76112

Amount of contribution (\$)

50<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/4/19

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

KORRINE C. MULLER

Contributor address;

City; State; Zip Code

1720 E Terrell FW TX 76109

Amount of contribution (\$)

100<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/17/19

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

DOONALD JURY

Contributor address;

City; State; Zip Code

436 Halton Rd FW TX 76117

Amount of contribution (\$)

500<sup>00</sup>

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>9/29</b>
2 FILER NAME <b>GINA BIVENS</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/10/19</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Marybeth &amp; James DeMoss</b>	7 Amount of contribution (\$) <b>500.00</b>
6 Contributor address; City; State; Zip Code <b>2600 W. 7th FW TX 76107</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/5/19</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>H.B. 'HUB' &amp; MARTHA BAKER</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>121 E Exchange HWY TX 76164</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/10/19</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MARC &amp; TONYA VEASY</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>P.O. Box 11296 FW TX 76110</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/6/19</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Christene Moss</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>5625 Eisenhower HWY TX 76112</b>		
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

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 10/22

2 FILER NAME

Gunn Bivens

3 Filer ID (Ethics Commission Filers)

4 Date

2/25/19

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

JAMES DUNAWAY

6 Contributor address;

City; State; Zip Code

777 Taylor Fwy TX 76102

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/26/19

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

JAN FERLING

Contributor address;

City; State; Zip Code

3800 Tradewood Fw 76009

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/25/19

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

DAVE & HEATHER FULBON

Contributor address;

City; State; Zip Code

8101 John White Fwy TX 76120

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/4/19

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

B. Malcolm Louden

Contributor address;

City; State; Zip Code

500 W. 7th Fw TX 76102

Amount of contribution (\$)

1000.00

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 10/22

2 FILER NAME

GUNT

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Rev. Kyeve

7 Amount of contribution (\$)

100<sup>00</sup>

6 Contributor address;

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

3/1/19

Terry G. Allison Montesi

Amount of contribution (\$)

500<sup>00</sup>

Contributor address;

City; State; Zip Code

1701 River Run Fwy 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

3/4/19

Committee for Public Safety - F.W. Police Officers Association

Amount of contribution (\$)

15000<sup>00</sup>

Contributor address;

City; State; Zip Code

2501 Parkview Fwy 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

2/29/19

ACTUSA Network Solutions

Amount of contribution (\$)

100<sup>00</sup>

Contributor address;

City; State; Zip Code

5057 Keller Springs, Addison TX 75001

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

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>12/22</u>
2 FILER NAME		3 Filer ID (Ethics /Commission Filers)
4 Date <u>2/26/19</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>SUSAN BULLA</u> 6 Contributor address; City; State; Zip Code <u>5510 Hedgesstone Fw 76132</u>	7 Amount of contribution (\$) <u>100.00</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>3/4/19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>JEANNE BAKER</u> Contributor address; City; State; Zip Code <u>Ft Worth TX</u>	Amount of contribution (\$) <u>100.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>4/22/19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>CHARLES &amp; GLENDA CURRY</u> Contributor address; City; State; Zip Code <u>ARLINGTON TX</u>	Amount of contribution (\$) <u>150.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2/28/19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>WANDA COLIN G. BOB BAREN</u> Contributor address; City; State; Zip Code <u>1155 MARTEL Fwy 76103</u>	Amount of contribution (\$) <u>100</u>
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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3/21

2 FILER NAME

GYN A BIVENS

3 Filer ID (Ethics Commission Filers)

4 Date

2/28/19

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

Joseph B needlove

7 Amount of contribution (\$)

200<sup>00</sup>

6 Contributor address; City; State; Zip Code

1900 Ballpark Way, Arlington 76006

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/28/19

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

Joseph B needlove

Amount of contribution (\$)

50<sup>00</sup>

Contributor address; City; State; Zip Code

1900 Ballpark Way Ar 76006

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/1/28

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

Marilyn M. Mike Berry

Amount of contribution (\$)

250<sup>00</sup>

Contributor address; City; State; Zip Code

6217 Genoa Road Ft TX 76116

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/27/28

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

Bell Helicopter Union PAC

Amount of contribution (\$)

500<sup>00</sup>

Contributor address; City; State; Zip Code

P.O. 482 Ft TX 76101

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>19/22</i>
2 FILER NAME <i>GUHA BIVENS</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/1/19</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Toschy White</i>	7 Amount of contribution (\$) <i>200<sup>00</sup></i>
6 Contributor address; City; State; Zip Code <i>18 Bunchell Dr Fort 76112</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>2/26/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Louise Appleman</i>	Amount of contribution (\$) <i>100<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>3856 Bellare Cir Fort 76109</i>		
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 (\$)
	Contributor address; City; State; Zip Code	
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 (\$)
	Contributor address; City; State; Zip Code	
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.

19/12

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 3-25	5 Payee name Rhonda Pruitt-LAVIA NEWS
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6 Amount (\$) <sup>81</sup> 1500	7 Payee address; City; State; Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3-27-19	Payee name Murphy NASUCA
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Amount (\$) <sup>81</sup> 227.33	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3-27-19	Payee name Murphy NASUCA
-----------------	-----------------------------

Amount (\$) <sup>81</sup> 5630	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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1512

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 3-15-15	<b>5</b> Payee name SignBanner
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<b>6</b> Amount (\$) 1979.51	<b>7</b> Payee address; City; State; Zip Code Houston TX
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---	--	--

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3-18-15	Payee name Cherry (Cherry's)
-----------------	---------------------------------

Amount (\$) 95.18	Payee address; City; State; Zip Code W. 7th Street
----------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3-25	Payee name <del>John's</del> NAW NAW
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Amount (\$) 26.11	Payee address; City; State; Zip Code John White Rd
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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1/22

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 1-3-19	<b>5</b> Payee name Office Depot
-------------------------	-------------------------------------

<b>6</b> Amount (\$) 23.53	<b>7</b> Payee address; City; State; Zip Code Earthlink Fort Worth TX
-------------------------------	--

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1-22-19	Payee name Ballpark Arlington
-----------------	----------------------------------

Amount (\$) 2100	Payee address; City; State; Zip Code Arlington
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1-23	Payee name Starbucks
--------------	-------------------------

Amount (\$) 12.23	Payee address; City; State; Zip Code Houston Street Fair TX
----------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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12/21

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 1-24-19	<b>5</b> Payee name Harlan Clark
--------------------------	-------------------------------------

<b>6</b> Amount (\$) 39.50	<b>7</b> Payee address; City; State; Zip Code
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) BANK CHARGE for checks	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1-28-19	Payee name Albertsons
-----------------	--------------------------

Amount (\$) 35.44	Payee address; City; State; Zip Code 820-N F.W.R
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Water	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1-31-19	Payee name The Software Vault
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Amount (\$) 180.00	Payee address; City; State; Zip Code 1250 E Copeland Ave Austin TX
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Website	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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191A

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 2-01	<b>5</b> Payee name Sign Banner
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<b>6</b> Amount (\$) 742.09	<b>7</b> Payee address; City; State; Zip Code Houston TX
--------------------------------	---

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---	--	--

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-08-19	Payee name League of Voters
-----------------	--------------------------------

Amount (\$) 150.00	Payee address; City; State; Zip Code 300
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-12-19	Payee name Kwik Copy
-----------------	-------------------------

Amount (\$) 214.34	Payee address; City; State; Zip Code Hendley A Furr
-----------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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20/22

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 2-13-19	<b>5</b> Payee name Murphy NASICA
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<b>6</b> Amount (\$) 6817.00	<b>7</b> Payee address; City; State; Zip Code
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---	---	--

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-15-19	Payee name Murphy NASICA
-----------------	-----------------------------

Amount (\$) 38.37	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-19-19	Payee name United States Postal
-----------------	------------------------------------

Amount (\$) 33	Payee address; City; State; Zip Code Hawthorn - FWIX
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Postage	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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20/22

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 3-4-19	<b>5</b> Payee name Shell
-------------------------	------------------------------

<b>6</b> Amount (\$) 4057	<b>7</b> Payee address; City; State; Zip Code DALLAS TX
------------------------------	--

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---	---	--

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3-4-19	Payee name Capital Grille
----------------	------------------------------

Amount (\$) 860.33	Payee address; City; State; Zip Code 200 MAIN FW TX
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food Beverage	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3-4-19	Payee name MURPHY VASICA
----------------	-----------------------------

Amount (\$) 1000 <sup>00</sup>	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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2/22

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 3-4-19	5 Payee name
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6 Amount (\$) 5662 <sup>00</sup>	7 Payee address; City; State; Zip Code Murphy, Alaska
-------------------------------------	--

8 <b>PURPOSE OF EXPENDITURE</b> Consulting	(a) Category (See Categories listed at the top of this schedule)	(b) Description <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	Payee name Software Vault
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Amount (\$) 24999	Payee address; City; State; Zip Code Software Vault = 1250 E Copeland - Austin
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<b>PURPOSE OF EXPENDITURE</b> 1250 E Co, Website	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3-14-19	Payee name Quicktrip
-----------------	-------------------------

Amount (\$) 30 <sup>00</sup>	Payee address; City; State; Zip Code Brentwood Hair Fix
---------------------------------	--

<b>PURPOSE OF EXPENDITURE</b> transportation	Category (See Categories listed at the top of this schedule)	Description <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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