

# 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 Filers)

2 Total pages filed:

15

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Ms. Gyna  
Bivens

M

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

☐ change of address

5913 McKaskle Drive  
Fort Worth TX 76119

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 4467454

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mr. Chester Luckett

7 CAMPAIGN  
TREASURER  
ADDRESS  
(residence or business)

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

6617 Beatty  
Fort Worth TX 76112

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 9965825

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

5 / 2 / 13

THROUGH

Month

Day

Year

6 / 12 / 13

11 ELECTION

Month

ELECTION DATE

Day

Year

6 / 15 / 13

ELECTION TYPE

☐ Primary

☒ Runoff

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

City Council District 5

**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)\$ 49960<sup>00</sup>EXPENDITURE  
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 37493<sup>53</sup>CONTRIBUTION  
BALANCE

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

\$ 12466.47

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 13<sup>th</sup> day of June, 20 13, to certify which, witness my hand and seal of office.

*Linda M Hurlinger*

Signature of officer administering oath

*Linda M Hurlinger*

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: 176	
2 FILER NAME Gunn M Bivens		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/18/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) James G Doris Vaughn 6 Contributor address: City: State: Zip Code Fort Worth TX 76112	7 Amount of contribution (\$) 100.00 (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 5/18/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Victor & Linda Garcia Contributor address: City: State: Zip Code 11901 Blue Creek Aledo TX	Amount of contribution (\$) 100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/7/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Cmtte for Public Safety Fort Worth Police Officers Association Contributor address: City: State: Zip Code 905 Collier Fort Worth TX 761	Amount of contribution (\$) 23,235.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/10/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Terry Grisham Contributor address: City: State: Zip Code P.O. Box 1892 Fw TX 76101	Amount of contribution (\$) 150.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/21/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) James G Gloria Austin Contributor address: City: State: Zip Code 2017 Teakwood Fw TX 76112-5430	Amount of contribution (\$) 100.00 (If travel outside of Texas, complete Schedule T)	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:

2/6

2 FILER NAME

Gynna Bwenr

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6/5/13

5 Full name of contributor

☐ out-of-state PAC (ID#)

Louise Appleman

6 Contributor address; City; State; Zip Code

801 Cherry St. #1600  
F.W. TX 76102

7 Amount of  
contribution (\$)

100<sup>00</sup>

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

6/4/13

Full name of contributor

☐ out-of-state PAC (ID#)

Margaret Wilber DeMoss

Contributor address; City; State; Zip Code

2600 W. 7th, #2644  
F.W. TX 76107

Amount of  
contribution (\$)

100<sup>00</sup>

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/4/13

Full name of contributor

☐ out-of-state PAC (ID#)

Theodore O. Jones

Contributor address; City; State; Zip Code

3232 Knox  
F.W. TX 76107

Amount of  
contribution (\$)

100<sup>00</sup>

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/4/13

Full name of contributor

☐ out-of-state PAC (ID#)

JAMES W. Scheu

Contributor address; City; State; Zip Code

901 Washington Terr  
F.W. TX 76107

Amount of  
contribution (\$)

500<sup>00</sup>

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/7/13

Full name of contributor

☐ out-of-state PAC (ID#)

Jeannie Baker

Contributor address; City; State; Zip Code

901 Currier St  
F.W. TX 76107

Amount of  
contribution (\$)

100<sup>00</sup>

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Business owner - Beneficial

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: 3/6	
2 FILER NAME Gymn M Buren		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/22/13	5 Full name of contributor Ebonny Cobb 6 Contributor address: City: State: Zip Code 4908 Sunset Ridge Fwy 76123	7 Amount of contribution (\$) 50 <sup>00</sup>	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 5/26/13	Full name of contributor Barbara Cager Contributor address: City: State: Zip Code 4100 ARA GEN WAY F.W. TX 76133	Amount of contribution (\$) 25 <sup>00</sup>	In-kind contribution description (if applicable)  (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/31/13	Full name of contributor MARLENE BECKMAN Contributor address: City: State: Zip Code 3116 W. 6th Street #200 76107	Amount of contribution (\$) 500 <sup>00</sup>	In-kind contribution description (if applicable)  (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/18/13	Full name of contributor Greg Hughes Contributor address: City: State: Zip Code 2544 Stadium 76109	Amount of contribution (\$) 200 <sup>00</sup>	In-kind contribution description (if applicable)  (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/10/13	Full name of contributor Erica Cunningham Contributor address: City: State: Zip Code 3607 Riddle Court Bridgewater, NJ 08807	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)	

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: 4/6	
2 FILER NAME Gunn M Biver		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/18/13	5 Full name of contributor Stephen Baldwin 6 Contributor address: City: State: Zip Code 19269 E. Rancho Arroyo Dr Crowley TX 76036	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Utility Manager		10 Employer (See Instructions)	
Date 5/17/13	Full name of contributor Steve Johnson Contributor address: City: State: Zip Code 5724 Lake Ridge F.W. TX 76119	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Utility Manager		Employer (See Instructions)	
Date 6/7/13	Full name of contributor Cmte for Public Safety Fort Worth Police Officers Association Contributor address: City: State: Zip Code 905 Collier Fort Worth TX 761	Amount of contribution (\$) 2000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/10/13	Full name of contributor Gary Havener Contributor address: City: State: Zip Code P.O. Box 121969 Fort Worth TX 76121-1969	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) President The Havener Companies		Employer (See Instructions)	
Date 6/11/13	Full name of contributor Marilyn Wrigley Contributor address: City: State: Zip Code 1409 Summit, FW TX 76102	Amount of contribution (\$) 2000	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Property & Title		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: 5/6	
2 FILER NAME Glynis A. Bunn		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/13/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Birdie Sashberry 6 Contributor address; City; State; Zip Code 14801 Meadowland Circle Newark, TX 76071	7 Amount of contribution (\$) 100 <sup>00</sup>	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 5/2/13	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: Anita Spencer Contributor address; City; State; Zip Code P.O. Box 824 Lawrenceville, VA 23868	Amount of contribution (\$) 100 <sup>00</sup>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Non-profit founder		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date 5-18-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Arlene Gary Contributor address; City; State; Zip Code 1802 Bunche Dr. Fort Worth TX 76112	Amount of contribution (\$) 100 <sup>00</sup>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) retired university professor		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date 5/29/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Gary Havenner Contributor address; City; State; Zip Code P.O. Box 121969 Fort Worth TX 76121-1969	Amount of contribution (\$) 250 <sup>00</sup>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Gary Havenner Contributor address; City; State; Zip Code P.O. Box 121969 Fort Worth TX 76121-1969	Amount of contribution (\$) 500 <sup>00</sup>	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:

6/6

2 FILER NAME

Guy N. Bwev

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5/20/13

5 Full name of contributor

☐ out-of-state PAC (ID#)

Freele & Nichols PAC

6 Contributor address; City; State; Zip Code

4055 Internat'l Parkway  
F.W. TX 76109

7 Amount of  
contribution (\$)

200<sup>00</sup>

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

Full name of contributor

☐ 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

☐ 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

☐ 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

☐ 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)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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



**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: 1/5		2 FILER NAME Gyna M. Buvers		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5-13-6-5-13		5 Payee name Political Advisors			
6 Amount (\$) 28,193.30		7 Payee address; City; State; Zip Code 815-A Brazos Street, #304 Austin, TX 78701			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Consulting, Salaries, Advertising		(b) Description (If travel outside of Texas, complete Schedule T) mailers, Workers, Graphics	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6-9-13		Payee name Political Advisors			
Amount (\$) 5085.84		Payee address; City; State; Zip Code 815-A Brazos Street #304 Austin, TX 78701			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) consulting		Description (If travel outside of Texas, complete Schedule T) graphic design, mailing	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5-29-13		Payee name Clear Channel Outdoor			
Amount (\$) 141.00		Payee address; City; State; Zip Code 3700 E. Randol Mill Arlington TX 76011			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Billboard	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5-29-13		Payee name Clear Channel Outdoor			
Amount (\$) 150.00		Payee address; City; State; Zip Code 3700 E. Randol Mill Arlington, TX 76011			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Billboard	
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	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: 215	2 FILER NAME Gyngar A. River	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5-19	5 Payee name Clear Channel	
6 Amount (\$) 7500	7 Payee address; City; State; Zip Code 3700 E. Lampol Hill Artuto TX 76011	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising	(b) Description (If travel outside of Texas, complete Schedule T) Billboard
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5-30	Payee name Clear Channel	
Amount (\$) 13300	Payee address; City; State; Zip Code 3700 E. Lampol Hill Artuto TX 76011	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Billboard
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5-11-13	Payee name Collin Russell	
Amount (\$) 1000	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event	Description (If travel outside of Texas, complete Schedule T) Audio/Visual Tech
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5-18-13	Payee name Walmart Super center	
Amount (\$) 25.13	Payee address; City; State; Zip Code Anderson Fort Worth TX 76112	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event (for June)	Description (If travel outside of Texas, complete Schedule T) Anderson Flag items
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: 3/5	2 FILER NAME Gyna M Owen	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5-10-13	5 Payee name Elbert Pearson	
6 Amount (\$) 892.25	7 Payee address; City; State; Zip Code 1019 W. Fawn Everman TX 76140	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event expenses	(b) Description (If travel outside of Texas, complete Schedule T) catering election watch
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5-7-13	Payee name Print Masters	
Amount (\$) 237.50	Payee address; City; State; Zip Code 4076 E. Lancaster Fwtx 76103	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) other-uniform	Description (If travel outside of Texas, complete Schedule T) tee shirts
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5-7-13	Payee name B M U / Baptist Ministers	
Amount (\$) 50.00	Payee address; City; State; Zip Code (event held at Will Rogers)	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) event	Description (If travel outside of Texas, complete Schedule T) annual banquet
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5-10-13	Payee name Print Masters	
Amount (\$) 71.50	Payee address; City; State; Zip Code 4076 E. Lancaster Fwtx 76103	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) other-uniform	Description (If travel outside of Texas, complete Schedule T) marketing efforts (efforts)
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	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: <b>4/5</b>	2 FILER NAME <b>GYNNA BUVENS</b>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <b>6/11/13</b>	5 Payee name <b>Cedric Bailey</b>	
6 Amount (\$) <b>200.00</b>	7 Payee address; City; State; Zip Code <b>Fort Worth TX</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Advertising</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Production &amp; Talent (Radio)</b>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
Amount (\$)	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)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
Amount (\$)	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)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
Amount (\$)	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)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
Amount (\$)	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: 5/5	2 FILER NAME Gina M. Biven	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5-28-13	5 Payee name Vista Print	
6 Amount (\$) 15872	7 Payee address; City; State; Zip Code 95 Hayden Avenue Lexington, MA 02421-7942	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5-25	Payee name Koch's Shoppe	
Amount (\$) 3240	Payee address; City; State; Zip Code Brentwood Stair. F.W. TX 76122	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5-29-13	Payee name Custom Sign Bureau (AKA P.G. Sales)	
Amount (\$) 12405	Payee address; City; State; Zip Code 5512 Mitchondale Houston TX 77092	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Sign
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5-28-13	Payee name Meadow Brook News	
Amount (\$) 32900	Payee address; City; State; Zip Code P.O. 24264 F.W. TX 76124	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Print Ad
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# **POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

## **SCHEDULE G**

### **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 G:		2 FILER NAME <i>Gyna Buens</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>5/21/13</i>		5 Payee name <i>Vista Print</i>			
6 Amount (\$) <i>29.98</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City: State: Zip Code <i>15 Hayden Avenue Lexington, MA 02421</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule)		(b) Description (If travel outside of Texas, complete Schedule T) <i>website</i>	
Date <i>5/8/13</i>		Payee name <i>Raven's Grille</i>			
Amount (\$) <i>36.83</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City: State: Zip Code <i>1400 Texas Star Parkway Ft Worth</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Event</i>		Description (If travel outside of Texas, complete Schedule T) <i>Post 140A meeting</i>	
Date		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		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)	
Date		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		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)	

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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 G: _____		2 FILER NAME <i>GUANA M. Bwen</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>5/18/13</i>		5 Payee name <i>Arthur Antwine</i>			
6 Amount (\$) <i>75.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code <i>2624 Hanksley Drive F.W. TX 76112</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>event</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>photography</i>	
Date <i>5/28/13</i>		Payee name <i>Family Dollar</i>			
Amount (\$) <i>58.51</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <i>6156 Ramey Avenue F.W. TX 76112</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Other</i>		Description (If travel outside of Texas, complete Schedule T) <i>paper &amp; other office supplies for walkers</i>	
Date <i>5/23/13</i>		Payee name <i>Custom Sign Banner (Also known as PIG Sales)</i>			
Amount (\$) <i>784.82</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <i>5512 Mitchendale Houston TX 77092</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Advertising</i>		Description (If travel outside of Texas, complete Schedule T) <i>signs</i>	
Date <i>5/22/13</i>		Payee name <i>Mortenson Broadcasting</i>			
Amount (\$) <i>510.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <i>Kay Bank Square Alliance, Ohio 44661</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Advertising</i>		Description (If travel outside of Texas, complete Schedule T) <i>radio commercial</i>	

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