OFFICIAL RECORD CITY SECRETARY FT. WORTH, TX

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH

The C/OH Instruction	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR MS. NICKNAME SI UEN	A MI SUFFIX	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER PHONE	ADDRESS / PO BOX; APT / SUITE #; CO 5913 MCKA5A FORT WORTH 2 AREA CODE PHONE NUMBER (817) 446-7454	CITY; STATE; ZIP CODE KLE DR. 76/19 EXTENSION	PRECEIVED WHITE TO BE FOR WORTH CITY OF FORT
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST NICKNAME LAST STVENS	W. SUFFIX TR,	Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU 5 70 / SHORE CINC FORT WORTH, TX	E CIRCLE N.	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (817) 986-1772	EXTENSION	
9 REPORT TYPE	January 15 30th day before elect		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 7/1/2017	THROUGH 12/	Day Year 31/2017
11 ELECTION	Month Day Year Primary General	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any) CITY COUNCIL - DISTRICT #5	13 OFFICE SOUGHT (if known)	~
	GO TO F	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	SVNA ,	M. BIVENS 15 F	iler ID (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	COMMITTEE NAME				
	GENERAL					
	SPECIFIC	COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages						
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ /00 00			
EXPENDITURE TOTALS		OLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$			
	4. TOTAL POLITICAL EXPENDITURES \$ 4 506.54					
CONTRIBUTION BALANCE	5. TOTAL P	\$8,21781				
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y 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. My Commission Expires March 5, 2021 Signature of Candidate or Officeholder						
AFFIX NOTARY STAMP/SEALABOVE						
Sworn to and subscribed before me, by the said Gyna Bivens, this the						
day of JAnuar	4, 20 <u>18</u> , to	o certify which, witness my hand and seal of office.				
De ac	lin	Beth A ELLIS	notrry			
Signature of officer ad	lministering oath	Printed name of officer administering oath To	tle of officer administering oath			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME (SYNA M. BIVENS 20 Filer ID (Ethics Con				
	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$			
4.	SCHEDULE E: LOANS	\$			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 7 Amount of contribution (\$) 7-18-17 8 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor 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 ut-of-state PAC (ID#:_ Amount of contribution (\$) City; State; Zip Code Contributor address; 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.

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to c	complete this form.	Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME GYNA M. BI	VENS	3 Filer ID (Ethics Commission Filers)	
4 Date 7-3-17	5 Payee name FACEBOOK			
6 Amount (\$) #62 °9	7 Payee address; City; State; Zlp Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES FOR WEB ADVERTISING	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
7-3-17	MICROSOFT			
Amount (\$) \$757	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEFS FOR	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
7-10-17	MEXICAN INN			
Amount (\$) 63	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD / BEVERAGE EXPENSE		ide of Texas. Complete Schedule T. 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 S	CHEDULE AS NEED	DED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1:	1 /// //). I VENS	3 Filer ID (Ethics Commission Filers)
4 Date 7-17-17	5 Payee name SOFTWARE	VAULT	
\$20334	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 5 D LICITATION FUNDRAISING EXP.	mm	utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
7-18-17	METRO TAXI		
Amount (\$) #249	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) NBC LEO TRAVEL		atside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
7-19-17	Payee name No SHOTS FIRE	=== =-D	
Amount (\$) #200 50	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	1 =	tside of Texas. Complete Schedule T. , 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 S	SCHEDULE AS NEE	DED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarias Magas/Contract Labor

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Printing Expense Salaries/Wages/Contract Labor s how to complete this form.	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME GYNA M	1. BIVENS	3 Filer ID (Ethics Commission Filers)
4 Date 7-20-17	5 Payee name RIDAV	· 's	
6 Amount (\$) \$1885	7 Payee address; City; State; Zi	p Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so FOOD / BEVERMENDED	Check if travel o	utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held
Date 7. 20.17	Payee name	-	
7-20-17 Amount (\$) #32 99	TRAVEL / K Payee address; City; State; Zig	ADER'S o Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so FOOD BEVERAGE EXPENSE	l — ·	ntside of Texas. Complete Schedule T.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
7-20-17	Payee name TRAVEL TRA		
Amount (\$) #45_08	Payee address; City; State; Zip		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sol		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS NEE	:DED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (out Of District

Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment		Nages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME GYNA M. B	3 Filer ID (Ethics Commission Filers)
4 Date 7-20-2017		
6 Amount (\$)	7 Payee address; City; State; Zip Code	
#200		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	DOCIGIAIION/	Check if Austin, TX, officeholder living expense
	SOCICITATION/ FUNDRAISING EXPEN	<i>E</i>
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
7-24-17	TODD ENGLISH 1	PUBLICATIONS
Amount (\$)	Payee address; City; State; Zip Code	
#3/70		_
	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF EXPENDITURE	CONTRIBUTION	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	
7-24-17	TRAVEL TRADER	2'5
Amount (\$)	Payee address; City; State; Zip Code	
452 32		
	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF EXPENDITURE	FOOD/BEVERAGE EXPENSE	Check if Austin, TX, officeholder living expense
EXPENDITORE	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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to c	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME GYNA M. 1	BIVENS	3 Filer ID (Ethics Commission Filers)				
4 Date 7-24-17	5 Payee name PARKING CON	ICEPT					
6 Amount (\$)	7 Payee address; City; State; Zip Code						
#45							
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
PURPOSE OF EXPENDITURE	TRAVEL FEE		utside of Texas. Complete Schedule T. n, TX, officeholder living expense				
	FOR PARKING						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name -	Office sought	Office held				
Date	Payee name						
7-31-17	UCTIMATE CUP	PCAKES					
Amount (\$)	Payee address; City; State; Zip Code						
#9399							
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE OF	AWARDS EXPENSE	1 🖂	tside of Texas. Complete Schedule T. , TX, officeholder living expense				
EXPENDITURE	/ white		TA, underloade army expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held				
Date	Payee name						
8-1-17	FACEBOOK						
Amount (\$)	Payee address; City; State; Zip Code						
\$15.90							
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE OF	True GO WEB		iside of Texas. Complete Schedule T. TX, officeholder living expense				
EXPENDITURE	FEES FOR WEB	<u> </u>	1A, uniconduct army expense				
	1(100011)1	i .	The state of the s				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment								
1 Total pages Schedule F1:	2 FILER NAME GYNA M. L	BIVENS	3 Filer ID (Ethics Commission Filers)					
4 Date 8-3-/7	5 Payee name Micho Soft							
6 Amount (\$) \$757	7 Payee address; City; State; Zip Code							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
9 Complete ONLY if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought	Office held					
Date	Payee name							
8-10-17	OUTREACH Joyc	iA JOH.	WSON					
Amount (\$)	Payee address; City; State; Zip Code							
\$15000								
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held					
Date	Payee name							
8-14-17	MEXICAN INN							
Amount (\$) \$26 90	Payee address; City; State; Zip Code							
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD / BEVERAGE EXPENSE		ide of Texas. Complete Schedule T. 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 S	SCHEDULE AS NEED	DED					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District

S-20-11 SFFICE (DE)007 6 Amount (\$) 7 Payee address; City; State; Zip Code	Credit Card Payment	The Instruction Guide explains how to c		rner (enter a category not listed above)			
4 Dels 28-28-17 5 Payee name PURPOSE EXPENDITURE Candidate / Officeholder name Category (See Categories issled at the top of this schedule) Pomplete ONLY if direct expenditure to benefit Crich Category (See Categories issled at the top of this schedule) Payee name Payee address; City: State; Zip Code ### Complete ONLY if direct expenditure to benefit Crich Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Category (See Categories listed at the top of this schedule) Candidate / Office hold at the top of this schedule) Complete ONLY if direct expenditure to benefit Crich Candidate / Officeholder name Complete ONLY if direct expenditure to benefit Crich Category (See Categories listed at the top of this schedule) Candidate / Officeholder name Complete ONLY if direct expenditure to benefit Crich Category (See Categories listed at the top of this schedule) Candidate / Officeholder name Complete ONLY if direct expenditure to benefit Crich Category (See Categories listed at the top of this schedule) Candidate / Officeholder name Complete ONLY if direct expenditure to benefit Crich Category (See Categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit Crich Category (See Categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit Crich Candidate / Officeholder name Complete ONLY if direct expenditure to benefit Crich Candidate / Officeholder name Office sought Office sought Office sought Office held Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit Crich Candidate / Officeholder name Office sought Office sought Office sought Office held O		2 FILER NAME GYNA M. B.		Filer ID (Ethics Commission Filers)			
B	4 Date	5 Payee name OFFICE DEPO	or .				
PURPOSE OF EXPENDITURE Candidate Office SUMICE Check it available of Toxas. Complete Schedule T.	6 Amount (\$) \$5962	7 Payee address; City; State; Zip Code					
9 Complete ONLY if direct expenditure to benefit C/OH Date 8-29-17 Amount (\$) Payee address; City; State; Zip Code Purpose Expenditure Candidate / Officeholder name Category (See Categories listed at the top of this schedule) Date 8-30-17 Candidate / Officeholder name Category (See Categories listed at the top of this schedule) Date 8-30-17 Amount (\$) Payee name BANATC Category (See Categories listed at the top of this schedule) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Date Complete ONLY if direct expenditure to benefit C/OH Category (See Categories listed at the top of this schedule) Description Check if Availin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			Check if travel outside				
Date 8-39-17 Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) PURPOSE EXPENDITURE Candidate / Office holder name Category (See Categories listed at the top of this schedule) Description Check If Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Payee name B-30-17 Amount (\$) Payee address; City; State; Zip Code Payee name Category (See Categories listed at the top of this schedule) Description Category (See Categories listed at the top of this schedule) Pose purpose OF EXPENDITURE Category (See Categories listed at the top of this schedule)		OFFICE 25 MICH 2	Chock if Additi, 17,	, whice holds firmly expende			
Amount (\$) Payee address; City; State; Zip Code # /o2 95 Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Candidate / Officeholder name Complete ONLY if direct expenditure Category (See Categories listed at the top of this schedule) Candidate / Officeholder name Complete ONLY if direct expenditure Category (See Categories listed at the top of this schedule) Payee name SCHOLAR SHIP FUND Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			Office sought	Office held			
Amount (\$) Payee address; City; State; Zip Code Purpose OF EXPENDITURE Category (See Categories listed at the top of this schedule) Camplete ONLY if direct expenditure to benefit C/OH Payee address; City; State; Zip Code Candidate / Officeholder name Office sought Office held Office held Category (See Categories listed at the top of this schedule) Date 8-30-17 Payee name B-30-17 Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) OFfice held Category (See Categories listed at the top of this schedule) OFfice held Category (See Categories listed at the top of this schedule) OFfice held Camplete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	Date	Payee name					
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name B-30-17 Amount (\$) Payee address; City; State; Zip Code Purpose OF EXPENDITURE Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Category (See Categories listed at the top of this schedule) Description Check if Austin, TX, officeholder Ivving expense Category (See Categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	8-29-17	TRIPLE 7 FOOD	MART				
PURPOSE OF EXPENDITURE Candidate / Officeholder name Category (See Categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit C/OH Payee name B-30-17 Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Candidate / Officeholder name Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	Amount (\$)	Payee address; City; State; Zip Code					
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Category (See Categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit C/OH Category (See Categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH	\$102 PS						
Complete ONLY if direct expenditure to benefit C/OH Payee name B-30-17 Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Purpose OFfice sought Category (See Categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit C/OH Category (See Categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Office held		Category (See Categories listed at the top of this schedule)					
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Candidate / Officeholder name Office sought Office held			·				
Date 8-30-17 Payee name SCHOLAR SHIP FUND Amount (\$) Payee address; City; State; Zip Code PURPOSE OF EXPENDITURE Candidate / Officeholder name Candidate / Officeholder name Candidate / Officeholder name Office sought Office held		TRANSPORTATION EXPENSE Check if Austin, TX, officeholder living expense					
Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Candidate / Officeholder name Candidate / Officeholder name Candidate / Officeholder name Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH			Office sought	Office held			
Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH City; State; Zip Code Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held	Date	Payee name					
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	8-30-17	BMATC SCHO	OLARSHI	P FUND			
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	Amount (\$)	Payee address; City; State; Zip Code					
PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	\$ 100 00						
Complete ONLY if direct expenditure to benefit C/OH Check if Austin, TX, officeholder living expense Check if Austin, TX, officeholder living expense Office sought Office held		Category (See Categories listed at the top of this schedule)					
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		7		·			
expenditure to benefit C/OH	1	DONATION	Gneck if Austin, TX, o	onicenoider living expense			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			Office sought	Office held			
THE PROPERTY OF THE PROPERTY O		ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED)			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Cradit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME GYNA M.	BIVENS	3 Filer ID (Ethics Commission Filers)		
4 Date 9-/-/7	5 Payee name FACEBOOK				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES FOR WEB ADVERTISING		(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name 	Office sought	Office held		
Date	Payee name				
9.5.17	MICROSOFT				
Amount (\$)	Payee address; City; State; Zip Code				
#751					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES FOR WEB ADVERTISING	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
9-7-/7	Payee name UTT; MATE CUP C	FAKES			
Amount (\$) #5400	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AWARDS EXPENSE	 	ide of Texas. Complete Schedule T. TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
A-10-10-10-10-10-10-10-10-10-10-10-10-10-	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Travel Out O

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politic Credit Card Payment	al Committee	Legal Services	•	Salarie	s/Wages/Contract Labor	Other (enter a category not listed above)	
Orden Card Payment		The Instru	tion Guide exp	plains how t	o complete this form.		
1 Total pages Schedule F1:	2 FILER N	NAME (S)	INA /	M. 1	BIVENS	3 Filer ID (Ethics Commission Filers)	
4 Date 9-7-17	5 Payeen	ACT	Blue	<u>, </u>			
6 Amount (\$) \$\frac{4}{5} = \frac{30}{2}	7 Payee a	ddress;	City; State;	Zip Code			
8		y (See Categories		this schedule)	(b) Description		
PURPOSE OF	506	ICITATI	1014/		Observit M Aven	outside of Texas. Complete Schedule T.	
EXPENDITURE	FLOW	DRAI SIM	G EX	DENS	ET CHECK II AUS	tin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF		date / Officeho	der name		Office sought	Office held	
Date	Payee na						
9-18-17	U	LTIM	NATE	Ci	IN CAKE	•	
Amount (\$)	Payee a	ddress;	City; State;	Zip Code			
#545							
		/ (See Categories			Description		
PURPOSE OF	FL	IENT			Check if travel o	utside of Texas. Complete Schedule T. n, TX, officeholder living expense	
EXPENDITURE	C *	IENT E	XPE	NSE	C Gleck if Austi	II, 17, Uniceriolder living expense	
Complete ONLY if direct	Candid	ate / Officehol	der name		Office sought	Office held	
expenditure to benefit C/OH							
Date	Payee na	ame					_
9-18-17	1	V. TE	XAS	Gi	VING		
Amount (\$)	Payee ac	ddress;	City; State;	Zip Code			
\$105°3							
	Category	(See Categories I	isted at the top of th	nis schedule)	Description		
PURPOSE OF	7					utside of Texas. Complete Schedule T. n, TX, officeholder living expense	
EXPENDITURE	k	DNAT	1914		Check ii Austii	ii' iv'i ouiceuoidei iikiiid exbeiize	
Complete ONLY if direct	Candid	ate / Officehol	der name		Office sought	Office held	\dashv
expenditure to benefit C/OH							
	ATT	FACH ADDITI	ONAL COPIE	S OF THIS	S SCHEDULE AS NEI	EDED	-

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wades/Contract Labor

Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services Salaries/V The Instruction Guide explains how to o	Vages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F1:		BIVENS	3 Filer ID (Ethics Commission Filers)
4 Date 9-22-17	5 Payee name NUANCE SROU	1	
6 Amount (\$) \$ 7/ 43	7 Payee address; City; State; Zip Code		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	ide of Tours Consider Cohedute T
PURPOSE OF	FOOD/BEVERAGE	1 [7]	side of Texas. Complete Schedule T. TX, officeholder living expense
EXPENDITURE	FOOD/BEVERAGE EXPENSE		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
9-25-17	BRAVO		
Amount (\$)	Payee address; City; State; Zip Code		
\$1297			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD / BEVERAGE EXPENSE	l —	de of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9-25-17	ONLINE PHOTO	ےک	
Amount (\$) 425-44	Payee address; City; State; Zip Code		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	MISC PHOTOS		de of Texas. Complete Schedule T. X, officeholder living expense
	AR AVENT		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

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

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

Candidate/Officendider/Political Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME GVNA M. K	SIVENS	3 Filer ID (Ethics Commission Filers)
4 Date 9-25-17	5 Payee name		
6 Amount (\$) #53 73	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) TRANSPORTATION EXPENSE	l	iside of Texas. Complete Schedule T. TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9-25-17	SUNSET GIFT	SHOP	
Amount (\$)	Payee address; City; State; Zip Code		
\$5794			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD / BEVERAGE EXPENSE		ide of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9-25-17	AMERICAN AIRCIN	VES	
Amount (\$)	Payee address; City; State; Zip Code		
#26291			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TRANSPORTATION EXPENSE		de of Texas. Complete Schedule T. FX, 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			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME GVNA M. /	BIVENS	3 Filer ID (Ethics Commission Filers)	
4 Date 9-26-17	5 Payee name DIXIE HOUSE	-		
6 Amount (\$)	7 Payee address; City; State; Zip Code			
# 750				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF	Community MIG		utside of Texas. Complete Schedule T. n, TX, officeholder living expense	
EXPENDITURE	Community MTG FOOD EXPENSE	Union a roce	1, IX, Unicertalizer living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
9-27-17	FW STAR TELEGA	RAM		
Amount (\$)	Payee address; City; State; Zip Code			
\$43160				
	Category (See Categories listed at the top of this schedule)	Description	And the state of t	
PURPOSE OF	OFFICE +		tside of Texas. Complete Schedule T. , TX, officeholder living expense	
EXPENDITURE	ADVERTISING EXPENS		1Х, опісепоіавт пупіц ехрепье	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
10-2-17	MicroSOFT			
Amount (\$)	Payee address; City; State; Zip Code			
\$75-				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	FEES HOK, WER		side of Texas. Complete Schedule T. TX, officeholder living expense	
EXPENDITURE	FEES FOR WER ADVERTISING	Oneon is Adding	IA, Unicendides having expenses	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME SVNA M.	BIVENS	3 Filer ID (Ethics Commission Filers)	
4 Date /0-2-17	5 Payee name FACE BOOK			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$67.89				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	A The ATT and Consider Out of the T	
PURPOSE OF	FEES FOR WEB		utside of Texas. Complete Schedule T. 1, TX, officeholder living expense	
EXPENDITURE	FEES FOR WES ADJERTISING			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
10-3-17	594			
Amount (\$)	Payee address; City; State; Zip Code			
\$1900				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	LOOD / 1SEVERAGE	Check if travel out	side of Texas. Complete Schedule T. TX, officeholder living expense	
EXPENDITURE	Category (See Categories listed at the top of this schedule) EXPENSE			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
10-3-17	DFW GIFT SHOP	P		
Amount (\$)	Payee address; City; State; Zip Code			
\$1073				
	Category (See Categories listed at the top of this schedule)	Description Charles it traval out	side of Texas. Complete Schedule T.	
PURPOSE OF EXPENDITURE	OFFICE EXPENCE		side of lexas. Complete Schedule I. 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				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME GYNA M.	BIVENS	3 Filer ID (Ethics Commission Filers)	
4 Date /9-6-/7	5 Payee name / STELLAR QD /S	- Dewy		
6 Amount (\$)	7 Payee address; City; State; Zip Code			
#341				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	FOOD/BEVERAGE EXPENSE		utside of Texas. Complete Schedule T. n, TX, officeholder living expense	
	EXPENSE			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
19-7-17	CHARLOTTE TAXI	·		
Amount (\$)	Payee address; City; State; Zip Code			
\$/2 oc				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	TRANSPORTATION		side of Texas. Complete Schedule T.	
EXPENDITURE	EXPENSE	Check if Austin,	TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
10-16-17	ALESTIN CAB. Co	•		
Amount (\$)	Payee address; City; State; Zip Code			
#2170				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	TRANSPORTATION		side of Texas. Complete Schedule T. TX, officeholder living expense	
	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				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME GVNA M.	BIVENS	3 Filer ID (Ethics Commission Filers)		
4 Date 19-16-17	5 Payee name	BIVENS CAKE	E		
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$ 7800					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF	EVENT	[outside of Texas. Complete Schedule T. in, TX, officeholder living expense		
EXPENDITURE	EXPENSE	Uneck is Audin	n, 1X, описепоиом нунну ехренье		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held		
Date	Payee name				
15-17-17	HANDLEY NEIGH	1BoR14001	o Assu.		
Amount (\$)	Payee address; Ćity; State; Zip Code				
#3000					
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF			utside of Texas. Complete Schedule T.		
EXPENDITURE	DONATION	Check if Austin,	n, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OH					
Date	Payee name				
19-17-17	HANDLEY ECONOM.	ic DEUI	ELOPMENT CONS		
Amount (\$)	Payee address; City; State; Zip Code				
\$1500					
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF			rtside of Texas. Complete Schedule T. , TX, officeholder living expense		
EXPENDITURE	DONATION	LJ Check II Austili,	, 1x, officendiaer 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					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

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

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

Credit Card Payment The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME SYNA M.	BIVENS	3 Filer ID (Ethics Commission Filers)	
4 Date (0-/7-/7	5 Payee name ANERA			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$131				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	state of Tours Complete Cohodule T	
PURPOSE OF	FOOD BEVERAGE	1	utside of Texas. Complete Schedule T. n, TX, officeholder living expense	
EXPENDITURE	EXPENSE -		, 174 Onio-1-1-1	
	COMMUNITY MEETING	7		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
10-25-17	APPLE STORE			
Amount (\$)	Payee address; City; State; Zip Code			
\$6489				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	OFFICE EXCENSE-	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
EXPENDITURE	OFFICE EXPENSE- PROGRAMS	Officer in Austrin,	TA, Unicertained living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
10-25-17	APPLE STORE			
Amount (\$)	Payee address; City; State; Zip Code			
#32,43				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	OFFICE EXPENSE		side of Texas. Complete Schedule T. 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				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME SVIYA M. A.	BIVENS	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name FACEBSOK			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$/090				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF	FEES FOR WEB		utside of Texas. Complete Schedule T. n, TX, officeholder living expense	
EXPENDITURE	FEES FOR WESS ADVERTISING		, ,	
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
11-3-17	MICROSOFT			
Amount (\$)	Payee address; City; State; Zip Code			
#751				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	FEES FOR WER		tside of Texas. Complete Schedule T. , TX, officeholder living expense	
EXPENDITURE	FEES FOR WEB ADVERTISING			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
11-6-17	CV5			
Amount (\$)	Payee address; City; State; Zip Code			
#2455				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	EVENT EXPENSE		side of Texas. Complete Schedule T. 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				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

Printing Expense Salaries/Wages/Contract Labor Legal Services 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) 5 Payee name 7 Payee address; State; Zip Code (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 11-7-17 \$4020 Category (See Categories listed at the top of this schedule) Description ___ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** TRANSPORTATION Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Pavee name Date 11-8-17 Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description OFFICE EXPENSE Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME GVNA M.	BIVENS	3 Filer ID (Ethics Commission Filers)	
4 Date //- 9-/7	5 Payee name / Loust			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
#1598				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF	FOOD/BEVERAGE	Check if Austi	utside of Texas. Complete Schedule T. n, TX, officeholder living expense	
EXPENDITURE	EVDENSE - COMM.	Uneck ii Austri	II, TA, Uniceriolder living expense	
	FOOD/BEVERAGE EXPENSE - COMM. MEETING			
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
11-9-17	SWEET HOME CH	WRCH C	SCHOLARSHIP	
Amount (\$)	Payee address; City; State; Zip Code			
\$2000				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Nacional	-	Itside of Texas. Complete Schedule T.	
EXPENDITURE	DONATION	L Check II Ausuii,	, 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		· · · · · · · · · · · · · · · · · · ·	
11-10-17	LISA WODDARD			
Amount (\$)	Payee address; City; State; Zip Code			
\$ 200 °C				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	MAMPAIGN		tside of Texas. Complete Schedule T. TX, officeholder living expense	
EXPENDITURE	Chingsille	L Check it Austin,	IX, officendiaer living expense	
	CAMPAIGN	·		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment

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

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

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME GUNA M. B). I VENS	3 Filer ID (Ethics Commission Filers)	
4 Date //-/3-/7	5 Payee name	ITHS		
6 Amount (\$)	7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SFFICE SYMLIES	1	utside of Texas. Complete Schedule T. n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date 11-16-17	Payee name TRAVEL TRADER'	J		
Amount (\$) \$/6 28	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (See Categories listed at the top of this schedule) (See Categories listed at the top of this schedule) (EXPENSE		tside of Texas. Complete Schedule T. , TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date //-/7-/7	Payee name TRAVEL TRADER	<i>l'S</i>		
Amount (\$) #2/60	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) O D BEVERA GE EXPENSE		side of Texas. Complete Schedule T. TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wagas/Contract Labor

Credit Card Payment	The Instruction Guide explains how to c		er (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME NAME NAME S Payee name	BIVENS 3 FI	ler ID (Ethics Commission Filers)
11-17-17	CHARLOTTE ME	ETING	
6 Amount (\$) # 9 9 9	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD / BEVERAGE EXPENSE		Texas. Complete Schedule T. ficeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11-18-17	BIRMINGHAM		
Amount (\$) \$5	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EOO 12 / BEVERA GE EXPENSE	Description Check if travel outside of Te	exas. Complete Schedule T. ceholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 11-20-17	Payee name ALBERT SON'S		
Amount (\$) 4// 28	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EXPENSE	Description Check if travel outside of Tex Check if Austin, TX, office	·
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment		Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Cald Payment	The Instruction Guide explain	ns how to complete this form.	
1 Total pages Schedule F1:	6-VNA /	M. BIVENS	3 Filer ID (Ethics Commission Filers)
4 Date //- 20 -/7	5 Payee name TRAUEL TRA	ADER'S	
6 Amount (\$)	7 Payee address; City; State; Z	ip Code	
\$1393			
8	(a) Category (See Categories listed at the top of this s		
PURPOSE OF	FOOD / BEVERI	AGE Check if travel of	outside of Texas. Complete Schedule T. in, TX, officeholder living expense
EXPENDITURE	FOOD / BEVERI	Cildux ii Austi	ii, 17, diliceliuler livilig experise
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11-20-17	TRAVEL TRAD	ER'S	
Amount (\$)	Payee address; City; State; Z	ip Code	
\$1847			
	Category (See Categories listed at the top of this s	1 	
PURPOSE OF	1000/BEVERA	Check if Austin	utside of Texas. Complete Schedule T. n, TX, officeholder living expense
EXPENDITURE	FOOD /BEVERA EXPEN	1SE	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11-22-17	FED. EX.		
Amount (\$)	Payee address; City; State; Z	p Code	
# 4 38			
	Category (See Categories listed at the top of this s		
PURPOSE OF	OTHER - DELIVE	Check if travel ou	utside of Texas. Complete Schedule T. n. TX, officeholder living expense
EXPENDITURE	OTHER-DELIVE	-	3
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	
1 Joial pages Schedule F1:	2 FILER NAME GYNA M.	3 Filer ID (Ethics Commission Filers)	
4 Date //-み ユー/ 기	5 Payee name ED. EX.	•	
6 Amount (\$) \$5950	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER - SHING EEE	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
11-27-17	MT. OLIVE BAP	PTIST CHURCH	
Amount (\$)	Payee address; City; State; Zip Code		
\$203=			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY 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-Histed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Abstin, 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			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politice Credit Card Payment		Nages/Contract Labor Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME GYNA M.	SIVENS 3 Filer ID (Ethics Commission Filers)	
4 Date //-27-/7	5 Payee name POTTER'S	HOUSE	
6 Amount (\$) 4/00	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought Office held	
Date	Payee name		
11-28-17	LA MADELINE		
Amount (\$)	Payee address; City; State; Zip Code		
#28 36			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOO SEVERAGE EXPENSE - COMMUNITY MTG.	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought Office held	
Date //- 26 -/7	Payee name Posses House	SE	
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. 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			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	The contract desire,
1 Total pages Schedule F1	2 FILER NAME GYNA M. /	SIVENS	3 Filer ID (Ethics Commission Filers)
4 Date /2-4-17	5 Payee name MicRo SOFT		
6 Amount (\$) #757	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES FOR WEB ADVERTISING	i —	utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name	<u> </u>	
12-6-17	TASTE OF ASIA		
Amount (\$) # 4 3/	Payee address; City; State; Zip Code		
PURPOSE	Category (See Categories listed at the top of this schedule) FOOD / REVERAGE		Iside of Texas. Complete Schedule T.
OF EXPENDITURE	EXPENSE - COMMUNITY MEETIN	Check if Auslin	TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12-14-17	DIXIE HOUSE		
Amount (\$) 4/6 6/	Payee address; City; State; Zip Code		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	1-000/BEVERHUE		side of Texas. Complete Schedule T. TX, officeholder living expense
EXPENDITURE	FOOD/BEVERAGE EXPENSE-COMMUNITY MEETING	Chock it Additify	Sagurago, ming avkense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The instruction Guide explains how to co	omplete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME GYNA M. K	BIVENS	3 Filer ID (Ethics Commission Filers)
4 Date /2-/5-/7	5 Payee name A MADELEINE	-	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOO NEUERAGE EXPENSE - COMMUNITY MEETING	(b) Description Check if travel ou Check if Austin	utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held
Date /2-15-17	Payee name I A MADECEINE		
Amount (\$)	Payee address; City; State; Zip Code		
#3636	A Since address,		
PURPOSE OF / EXPENDITURE	Category (See Categories listed at the top of this schedule) F090 BEVERAGE EXPENSE - COMMUNITY MEETING		tside of Texas. Complete Schedule T. 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		<u> </u>
12-15-17	OFFICE DEPOI	7	
Amount (\$) #75-60	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE SYMMES	 1	side of Texas. Complete Schedule T. 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			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

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

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

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

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1	2 FILER NAME GYNA M.	BIVENS	3 Filer ID (Ethics Commission Filers)
4 Date /8-/7	5 Payee name OFFICE DEPOT		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
¥43 30			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	OFFICE SUPPLIES	I	utside of Texas. Complete Schedule T.
OF EXPENDITURE	SIFICE APPLIES	Check if Austii	n, TX, officeholder living expense
	Supplies		
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
12-20-17	USPS		
Amount (\$) #490e	Payee address; City; State; Zip Code		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	OFFICE SUPPLIES-		tside of Texas. Complete Schedule T.
OF EXPENDITURE	OFFICE SUPPLIES- POSTAGE STAMPS	Check if Auslin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12-26-17	VOS BP Auto		
Amount (\$)	Payee address; City; State; Zip Code		
\$5900			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	TRANSPORTATION	l 	side of Texas. Complete Schedule T.
EXPENDITURE	1777109	Check if Austin	TX, officeholder living expense
	EXPEXSE		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

www.ethics.state.tx.us

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V The Instruction Guide explains how to o	Vages/Contract Labor Other (enter a category not listed above) complete this form.
1 Total pages Schedule F1:	2 FILER NAME GYNA M. 1	3 Filer ID (Ethics Commission Filers)
4 Date 12-28-17	5 Payee name OFFICE DEPOT	
6 Amount (\$) \$57.26	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OFFICE SYMULES	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. 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