CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR SINA NICKNAME RICKNAME RICKNAME	Bruens	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of address	File. Tx 76	STATE; ZIP CODE	Sale Hand-delivered of Postmarked Reale in #UN SUBAMOUNT Realeipt #UN SUBAMOUNT
5 CANDIDATE/ OFFICEHOLDER PHONE	1817) 4 4674 FY	EXTENSION	Date Roof 8 & 2 9 5 W
6 CAMPAIGN TREASURER NAME	MS/MRS/MR MICKNAME LAST LOST	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT/SUITE#; 2437 405 406	()	ZIPCODE 76UT
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (27) AB6 1772	EXTENSION	
9 REPORT TYPE	January 15 30th day before election July 15 8th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 6 / 35/	Year 14
11 ELECTION	ELECTION DATE Month Day Year Primary	Runoff C	General Special
12 OFFICE	OFFICE HELD (FAINY) City Council make AS+ J	13 OFFICE SOUGHT (if known)	
	GO TO PAGI	E2	

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH

SUPPORT	& TOTAL	.S	COVER SHEET PG 2		
14 C/OH NAME		1	15 ACCOUNT # (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	CAL CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLED				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	1. TOTAL PLEDGE	 POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	\$		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$		IZED \$		
	4. TOTAL POLITICAL EXPENDITURES \$ / () \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
CONTRIBUTION BALANCE		5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 2911			
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	HE \$		
18 AFFIDAVIT					
	MALD P. GONZALES COMMISSION EXPIRES May 17, 2016	is true and correct and includes all ime under Title 15, Election Code.	perjury, that the accompanying report information required to be reported by		
AFFIX NOTARY STAMI		me, by the said Gyna M. Biver	NS ship sho		
Sworn to and subs	/A	to certify which, witness m	, dus die		
Signature of officer admir	nistering oath	Printed name of officer administering oath	Title of officer administering oath		

Texas Ethics Commission

SCHEDULE F

Advertising Expense	EXPENDITURE Gift/Awards/Memorials Expense	CATEGORIES Salaries/Wages/C	ontract Labor		nt/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundra	aising Expense	•	quipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District Travel Out Of Dis	triat		onations Made By fficeholder/Political Committee
Event Expense Fees	Polling Expense Printing Expense	Office Overhead/F			category not listed above)
1 003	The Instruction Guide			•	outogory not noted above,
4771	, /				NT 4 (Cthise Commission Filem)
1 Total pages Schedule F:	2 FILER NAME	ANNE		3 ACCOU	NT # (Ethics Commission Filers)
4 Date 7-15-14	5 Payee name	• •			
6 Amount (\$)	7 Payee address; City; St.	ate; Zip Code			
O / Milodine (4)					
8 PURPOSE OF	(a) Category (See categories listed at the to	p of this schedule)	(b) Description	(If travel outside of To	exas, complete Schedule T)
EXPENDITURE					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	r	Office sough	nt	Office held
Date	Ravee name /				
1-1-14	Facebook				
Amount (\$)	Payee address; City; St	ate; Zip Code			
1 9 9	FACE BOOK HEAD!	Dunn TERS			
6 1 1	156 UNIVERSITY AV	KNUE 430 1			
PURPOSE	↑ Category (See ategories listed at the log	o of this schedule)	Description	(If travel outside of To	exas, complete Schedule T)
OF EXPENDITURE	Whom whe as Mu	101 011			
	11011101 000	willy	Office sough		Office held
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sough		Office Held
Date	Payee name	/ /	\mathcal{L}		
1-6-14	The FOXT C	Noth	<u>Lul</u>	<u>J</u>	
Amount (\$)	Payee address; City; Sta	ate; Zip Code		_	
119 79	300 W. 744 STE	2687			
91	FORT WORTH, TX	16102	··		
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Te	exas, complete Schedule T)
OF EXPENDITURE	Food Bevera	P	Mei	time	VI Adul)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sough	t J	Office held
			11		
Date - (0 - 4	Pavee name	Josth 1	Jub		
Amount (\$)		ate; Zip Code	<u> </u>		
4452	FORT INDESTH.	TX 7610:	$\boldsymbol{\omega}$		
PURPOSE	Category (See categories listed at the top	-/		(If travel outside of Te	exas, complete Schedule T)
OF EXPENDITURE	Food Ber	rge !	buzt	01/	21A
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	-0	Office sough	t	Office held
	ATTACH ADDITIONAL C	OPIES OF THIS	SCHEDULE AS	NEEDED	
	AI I (CI ADDITIONAL O	J J			

(512) 463-5800

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

Advertising Expense	EXPENDITURE CATEGORIES FOR BOX 8(a) Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement	
Accounting/Banking Consulting Expense	Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expens Food/Beverage Expense Travel In District Contributions/Donations Made By	e
Event Expense	Polling Expense I ravel In District Contributions/Donations Made By Travel Out Of District Candidate/Officeholder/Political Committed	ee
Fees	Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above)	ĺ
	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F:	2 FILER NAME 3 ACCOUNT # (Ethics Commission File	ers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
		ł
8 PURPOSE	(a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE		İ
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held OH	
Date	Payee name	
10-14-14	TACO NOOK	
Amount (\$)	Payee address; City; State; Zip Code	
1 91		
(9)		
PURPOSE	Attegory (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)	\neg
OF EXPENDITURE	Rublict Rombe awaren	1/1
Complete ONLY if direct	Candidate / Office holder name Office sought Office held	
expenditure to benefit C/O	DH	
, Date	Palyee name	-
10-11-14	11 licta Print	-
Amount (\$)	Payee address; City; State; Zip Code	
1 6 6 B		ł
29.18		
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel on the complete Schedule T)	
OF EXPENDITURE	Wehl & Nouta	e ,
Complete ONLY if direct expenditure to benefit C/O	Candidate / Office holder name Office sought Office held	
\ Date	, Payee name	
10-15-44	1) of the Ity I	
Amount (\$)	Payee address; City; State; Zip Code	
7001		
2007	150 E. 820 FU T4 76112	
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	tool Blue meet at board Aporte	el
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought Office held OH	
·	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	

P.O. Box 12070

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event. Expense Fees	Legal Services Solicitation Food/Beverage Expense Travel In D Polling Expense Travel Out Printing Expense Office Ove	ages/Contract Labor /Fundraising Expense pistrict Of District rhead/Rental Expense	Loan Repayment/Reimbursen Transportation Equipment & R Contributions/Donations Made Candidate/Officeholder/Pot OTHER (enter a category not	elated Expense By litical Committee
4.7.1.	The Instruction Guide explains h	ow to complete this to	·	
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics C	ommission Filers)
4 Date	5 Payee name	•		
6 Amount (\$)	7 Payee address; City; State; Zip Co	de		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule	(b) Description	(If travel outside of Texas, complete So	chedule T)
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name PH	Office sough	t Office	e held
Date Amount (\$)	Payee name Payee address; City; State; Zip Co	de		
1000				
PURPOSE OF EXPENDITURE	Sategory (See categories listed at the top of this schedule	Description ((If travel outside of Texas, complete Sci	hedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office	held
Date 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Flayee name City; State; Zip Cod	lleb		
54.81	Payee address, City, State, Zip Cou			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (I	If travel outside of Texas, complete Sch	nedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name I	Office sought	Office	held
Date 43	Payee name			
Amount (\$)	Peyee address; City; State; Zip Cod	9		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If	f travel outside of Texas, complete Scho	edule T)
EXPENDITURE	Candidate / Officeholder name	Office sought	Office l	held
Complete ONLY if direct expenditure to benefit C/Ol		Onice sought	- Office I	DIG

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Accounting/Banking Consulting Expense Legal Services Solicitation/Fundraising Expense

Food/Beverage Expense

Travel In District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense

Contributions/Donations Made By

Event Expense Fees	Polling Expense Travel Out Of E Printing Expense Office Overhead		Candidate/Officeholder/Political Committee ER (enter a category not listed above)	
. 555	The Instruction Guide explains how t	•	ier (emer a sategory not noted above)	
1 Total pages Schedule F:	2 FILER NAME BUJENS, (SUNA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Payee name	.		
6 Amount (\$)	7 Payee address; City; State; Zip Code	**************************************		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If trav	vel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held	
Date 1-14	Payee name ULJAMIA			
Amount (\$)	Payee address; City; State; Zip Code			
29 98	LEVINGTON, MA 0242,	/		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If trav	el outside of Texas, complete Schedule T)	
EXPENDITURE	1 ech wolton	Juensi	R maintener	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officehol der n ame OH	Office sought	Office held	
2-4-14	Payeename.			
Amount (\$)	Payee address: City; State; Zip Code 253 West 35th Smeet			
349	Seventh Floory 10001			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If trav	el autside of Texas, complete Schedule T)	
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
2-21-14	Payee name			
Amount (\$) 2997	Payee address; City; State; Zip Code IS HAYDEN AVENUE LENINGTON, MA 02421			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If tray	el outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F

POLITICAL EXPENDITURES

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Gift/Awards/Memorials Expense Legal Services

P.O. Box 12070

Food/Beverage Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense

(512) 463-5800

Event Expense Fees	- •	Of District	Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)	
	The Instruction Guide explains h	now to complete this for	n.	
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedul	(b) Description (f travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held	
2 26-14	Payee name to (LU)	I Club		
Amount (\$) $ \begin{pmatrix} 1 & 3 & 5 \end{pmatrix}$	Payee address; City; State; Zip Co 306 W. 7th STREET FONT WONTH, TX 7610			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedul	weigh be	f travel outside of Texas, complete Schedule T)	
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder narfte	Office sought	Office held	
3-21-(V	Payée name			
Amount (\$) 2 A A	Payee address; City; State; Zip Co 95 HAYDEN HVENUE LENINGTON, MA 0243/	ode ,		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedul	e) Description (I	f travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held	
Date J-// Amount (\$)	Payee name A My (A A A A A A A A A A A A A A A A A A	red ode		
60				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule	(u)	travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name DH	Office sought-	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

P.O. Box 12070

SCHEDULE F

(512) 463-5800

	EXPENDITURE CATEGORIES	FOR BOX 8(a	1)	/
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundr. Food/Beverage Expense Travel In District Polling Expense Office Overhead/	raising Expense strict /Rental Expense	Contributions/Donati Candidate/Office OTHER (enter a cat	pment & Related Expense
4	The Instruction Guide explains how to	Complete this to		" (Cities Occamination Filoro)
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT #	# (Ethics Commission Filers)
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description	n (If travel outside of Texas,	, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sough	ht	Office held
Date U-1U	Payee name SWOKUSBBD			
Amount (\$)	Payee address; City; State; Zip Code 5300 E. LANCASTEN AVE	NUE		
lle	FORT WORTH, TX 76112			<u>, , , , , , , , , , , , , , , , , , , </u>
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description	i (If travel outside of Texas,	, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sough	nt	Office held
Date U-21	Paype name			
Amount (\$)	Payee address; City; State; Zip Code			
2998	15 HAYDEN AVENUE LEVINGTON, MA 0242/			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas,	, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sough	nt	Office held
5-1U-14	Payee fame De of			
Amount (\$)	Payee address; City; State; Zip Code 1460 (AST CHASE JKW).			
411	FORT VLORIN, TX 76120			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas,	complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sough	ıt	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE F

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/f Food/Beverage Expense Travel In Di Polling Expense Travel Out 0	Tundraising Expense Tr strict Co Of District nead/Rental Expense O	oan Repayment/Reimbursement ansportation Equipment & Related Expense ontributions/Donations Made By Candidate/Officeholder/Political Committee THER (enter a category not listed above)			
1 Total pages Schedule F:	2 FILER NAME	The complete this form.	3 ACCOUNT # (Ethics Commission Filers)			
Troisi pages solitation.			2 ACCOUNT # (Lanca Commission Finds)			
4 Date	5 Payee name	· · · · · · · · · · · · · · · · · · ·				
6 Amount (\$)	7 Payee address; City; State; Zip Coo	de				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule	(b) Description (If t	ravel outside of Texas, complete Schedule T)			
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held			
5-21-14	Payee name					
Amount (\$)	Payee address; City; State; ZIp Coo 95 HAYDEN AVENUE LEUNGTON, MA 0242/	de				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If to	ravel outside of Texas, complete Schedule T)			
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held			
5-21-17 Amount (\$)	Payee address; / City; State; Zip Cod	<u>a</u>				
D315	3413 W. 74 STREET FORT WORTH, TX 7610					
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If to	avel outside of Texas, complete Schedule T)			
OF EXPENDITURE	Suno (re)	trans	(
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name oH	Office sought	Office held			
Date 21-14	Payee name A D L A					
2998	Payee address; City; State; Zip Cod 95 HAYDEN AVENUE LEXINGTON, MA 0242					
PURPOSE	Category (See categories lighted at the top of this schedule)		avel outside of Texas, complete Schedule T)			
OF EXPENDITURE	100000000	lien				
Complete ONLY if direct	Candidate / Officeholder hame	Office sought	Office held			
expenditure to benefit C/0	DH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						