

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TX

FORM C/OH
COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: 30

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Gyna M.
BIVENS

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

[REDACTED]

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 446-7454

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Roy W.
BIVENS JR.

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

1701 CARVERLY DR., FW TX 76112

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 986-1772

9 REPORT TYPE

☐ January 15

☒ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☐ July 15

☐ 8th day before election

☐ Exceeded Modified
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

Month

Day

Year

1 / 1 / 2021 THROUGH 3 / 31 / 2021

11 ELECTION

ELECTION DATE

Month

Day

Year

5 / 1 / 2021

☐ Primary

☐ Runoff

☐ Other
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

City Council

13 OFFICE SOUGHT (if known)

City Council

14 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

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME <u>Gyna M. Bivens</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>—</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>60,655</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>—</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>18,077</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>38,934</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>—</u>

18 SIGNATURE 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

Please complete either option below:

(1) Affidavit



Sworn to and subscribed before me by Gyna M. Bivens this the 1st day of APRIL, 2021, to certify which, witness my hand and seal of office.

Melissa K. Brunner Melissa K. Brunner Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME** *Gyna M. Bivens***20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>60,655-</i>
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>18,077¹¹</i>
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Gyna M. Bivens

3 Filer ID (Ethics Commission Filers)

4 Date

3-5-21

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

LOUISE APPLEMAN

7 Amount of contribution (\$)

\$100-

6 Contributor address;

City;

State;

Zip Code

3856 BELLAIRE CIR FW TX 76109

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-16-21

Full name of contributor

☐ out-of-state PAC (ID#: _____)

CHRISTINE ARMSTRONG

Amount of contribution (\$)

\$25-

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-2-21

Full name of contributor

☐ out-of-state PAC (ID#: _____)

JIM AUSTIN

Amount of contribution (\$)

\$500-

Contributor address;

City;

State;

Zip Code

2401 SCOTT FW TX 76103

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-26-21

Full name of contributor

☐ out-of-state PAC (ID#: _____)

MARLENE BECKMAN

Amount of contribution (\$)

\$500-

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME **Gyna M. Bivens**

3 Filer ID (Ethics Commission Filers)

4 Date **3-23-21** 5 Full name of contributor **BARCLAY BERDAN** ☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
3639 ENCANTO FW TX 76109

\$250-

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date **2-10-21** Full name of contributor **MIKE BERRY** ☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code
6217 GENOA RD. FW TX 76116

\$250-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **3-14-21** Full name of contributor **LILLIE BIGGINS** ☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

\$500-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **1-30-21** Full name of contributor **DEMETRIA BIVENS** ☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

\$1,000-

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 A1

The Instruction Guide explains how to complete this form.

2 FILER NAME

4 Date

\$300-

\$100-

\$300 -

\$50 -

Revised 8/17/2020

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME GYNA M. BIVENS		3 Filer ID (Ethics Commission Filers)
4 Date 3-14-21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES BROWN	7 Amount of contribution (\$) \$500-
6 Contributor address; City; State; Zip Code 5225 RAMEY AVE. FW TX 76112		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3-16-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHAEL CAMPBELL	Amount of contribution (\$) \$200-
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-27-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CAROLYN CAMPBELL	Amount of contribution (\$) \$20-
Contributor address; City; State; Zip Code 2414 STALCUP FW TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1-24-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DOLORES CONNOR	Amount of contribution (\$) \$25-
Contributor address; City; State; Zip Code RANSOM TERR FW TX 76112		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Gyna M. BIVENS

3 Filer ID (Ethics Commission Filers)

4 Date

3-26-21

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

TRACY CRUZ-ABUNDEZ

7 Amount of contribution (\$)

\$5-

6 Contributor address;

City;

State;

Zip Code

2612 DIVER CT. FW TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-28-21

Full name of contributor

☐ out-of-state PAC (ID#: _____)

BRIAN DENNISON

Amount of contribution (\$)

\$500-

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-2-21

Full name of contributor

☐ out-of-state PAC (ID#: _____)

DARRACK EUGENE

Amount of contribution (\$)

\$500-

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-15-21

Full name of contributor

☐ out-of-state PAC (ID#: _____)

TOM GALBREATH

Amount of contribution (\$)

\$100-

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

The Instruction Guide explains how to complete this form.

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

5 Full name of contributor

7 Amount of contribution (\$)

\$750-

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Full name of contributor

Amount of contribution (\$)

\$5,000-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Full name of contributor

Amount of contribution (\$)

\$250-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Full name of contributor

Amount of contribution (\$)

\$25-

Contributor address; City; State; Zip Code

5512 EISENHOWER DR. FW TX 76112

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Gyna M. Bivens

3 Filer ID (Ethics Commission Filers)

4 Date

3-10-21

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Tobi Jackson

7 Amount of contribution (\$)

\$150-

6 Contributor address;

City;

State;

Zip Code

2108 YOSEMITE CT. FW TX 76112

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-17-21

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Troy Jackson

Amount of contribution (\$)

\$1,000-

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-10-21

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Tom Krampitz

Amount of contribution (\$)

\$250-

Contributor address;

City;

State;

Zip Code

807 N. OAKCLIFF BLVD. DALLAS, TX 75208

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-14-21

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Linda Lattimore

Amount of contribution (\$)

\$100-

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Gyna M. Bivens</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3-6-21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>EMMETT LEE</i>	7 Amount of contribution (\$) <i>\$20-</i>
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3-15-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MARTY LEONARD</i>	Amount of contribution (\$) <i>\$300-</i>
Contributor address; City; State; Zip Code <i>1411 SHADY OAKS LN. FW TX 76107</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3-26-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LOCKETT DOWN</i>	Amount of contribution (\$) <i>\$5-</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2-9-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>BRAD LONBERGER</i>	Amount of contribution (\$) <i>\$2,000-</i>
Contributor address; City; State; Zip Code <i>209 WEST 2ND ST. #180 FW TX 76102</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Gyna M. Bivens

3 Filer ID (Ethics Commission Filers)

4 Date

2-10-21

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

MARY McCRAY

7 Amount of contribution (\$)

\$100 -

6 Contributor address;

#1123

City;

State;

Zip Code

25 LEONARD TR. FW TX 76116

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-26-21

Full name of contributor

☐ out-of-state PAC (ID#: _____)

LISA Mc DANIEL

Amount of contribution (\$)

\$100 -

Contributor address;

City;

State;

Zip Code

2744 THANNISCH STALCUP RD FW TX 76112

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-20-21

Full name of contributor

☐ out-of-state PAC (ID#: _____)

SANDRA Mc GLOTHIN

Amount of contribution (\$)

\$5,000 -

Contributor address;

City;

State;

Zip Code

3540 THANNISCH FW TX 76105

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-10-21

Full name of contributor

☐ out-of-state PAC (ID#: _____)

WILLIAM MEADOWS

Amount of contribution (\$)

\$250 -

Contributor address;

City;

State;

Zip Code

3804 HAMILTON AVE FW TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Gyna M. Bivens</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3-2-21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>A.M. MICALLEF</i>	7 Amount of contribution (\$) <i>\$250 -</i>
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3-15-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LORRAINE MILLER</i>	Amount of contribution (\$) <i>\$250 -</i>
Contributor address; City; State; Zip Code <i>1220 E. TERRELL FW TX 76104</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3-17-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MELISSA MITCHELL</i>	Amount of contribution (\$) <i>\$250 -</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3-7-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>NELSON MITCHELL</i>	Amount of contribution (\$) <i>\$500 -</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

SCHEDULE A1

The Instruction Guide explains how to complete this form.

2 FILER NAME

Revised 8/17/2020

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Gyna M. BIVENS

3 Filer ID (Ethics Commission Filers)

4 Date

3-20-21

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

JACQUELINE NESBITT

7 Amount of contribution (\$)

\$100 -

6 Contributor address;

City;

State;

Zip Code

9441 MERGANSER FW TX 76118

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-26-21

Full name of contributor

☐ out-of-state PAC (ID#: _____)

KEN + CARLA NEWELL

Amount of contribution (\$)

\$5,000 -

Contributor address;

City;

State;

Zip Code

5101 CLIFFROSE FW TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-13-21

Full name of contributor

☐ out-of-state PAC (ID#: _____)

LAM NGUYEN

Amount of contribution (\$)

\$500 -

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-11-21

Full name of contributor

☐ out-of-state PAC (ID#: _____)

REED PIGMAN

Amount of contribution (\$)

\$500 -

Contributor address;

City;

State;

Zip Code

200 TEXAS WAY FW TX 76137

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:

2 FILER NAME

Gyna M. BIVENS

3 Filer ID (Ethics Commission Filers)

4 Date

3-17-21

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

LACIE PIPES

7 Amount of contribution (\$)

\$500 -

6 Contributor address;

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-13-21

Full name of contributor

☐ out-of-state PAC (ID#: _____)

BETSY PRICE

Amount of contribution (\$)

\$250 -

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-18-21

Full name of contributor

☐ out-of-state PAC (ID#: _____)

MITCH REITMAN

Amount of contribution (\$)

\$50 -

Contributor address;

City;

State;

Zip Code

3805 TRAILS EDGE FW TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-1-21

Full name of contributor

☐ out-of-state PAC (ID#: _____)

GRACE RHODEN

Amount of contribution (\$)

\$25 -

Contributor address;

City;

State;

Zip Code

2729 HANDLEY DR. FW TX 76112

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Gyna M. Bivens

3 Filer ID (Ethics Commission Filers)

4 Date

2-26-21

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

NORMA + RICHARD ROBY

7 Amount of contribution (\$)

\$500 -

6 Contributor address;

City;

State;

Zip Code

7578 MORRISON CT. FW TX 76112

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-18-21

Full name of contributor

☐ out-of-state PAC (ID#: _____)

ELRITA ROGERS

Amount of contribution (\$)

\$50 -

Contributor address;

City;

State;

Zip Code

2308 JENSON LN FW TX 76112

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-3-21

Full name of contributor

☐ out-of-state PAC (ID#: _____)

MARLON ROLLINS

Amount of contribution (\$)

\$500 -

Contributor address;

City;

State;

Zip Code

6209 MANHATTAN FW TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-16-21

Full name of contributor

☐ out-of-state PAC (ID#: _____)

CHARLES + BIRDIE SADBERRY

Amount of contribution (\$)

\$100 -

Contributor address;

City;

State;

Zip Code

14801 MEADOWLAND CIR. NEWARK TX 76071

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Gyna M. Bivens</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2-10-21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DANNY SCARTH</i>	7 Amount of contribution (\$) <i>\$2,500 -</i>
6 Contributor address; City; State; Zip Code <i>505 HIGHWOODS TR. FW TX 76112</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>3-8-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JOHN SELF</i>	Amount of contribution (\$) <i>\$150 -</i>
Contributor address; City; State; Zip Code <i>616 HASTEN CT. FW TX 76120</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>2-7-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CYNTHIA SINGLETARY</i>	Amount of contribution (\$) <i>\$50 -</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>3-29-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>KAREN WELLS</i>	Amount of contribution (\$) <i>\$50 -</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>GYNA M. BIVENS</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3-10-21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>TORCHY WHITE</i>	7 Amount of contribution (\$) <i>\$200 -</i>
6 Contributor address; City; State; Zip Code <i>18 BUNCHE DR FW TX 76112</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3-13-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>HAZEL WILZ</i>	Amount of contribution (\$) <i>\$200 -</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3-13-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>RICHARD + EMILY WOLFE</i>	Amount of contribution (\$) <i>\$1,000 -</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3-15-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CLIFTON + MARTHA WOLFE</i>	Amount of contribution (\$) <i>\$1,000 -</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Gyna M. Bivens</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3-15-21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>MARK SINGLETARY</i>	7 Amount of contribution (\$) <i>\$2,000-</i>
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3-17-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>FORT WORTH POA</i>	Amount of contribution (\$) <i>\$10,000-</i>
Contributor address; City; State; Zip Code <i>2501 PARKVIEW DR. #600, FW TX 76102</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3-20-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>FIRE FIGHTERS #440</i>	Amount of contribution (\$) <i>\$5,000-</i>
Contributor address; City; State; Zip Code <i>3825 TULSA WAY FW TX 76107</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3-19-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>ROBERT GLEASON GFWAR</i>	Amount of contribution (\$) <i>\$2,500-</i>
Contributor address; City; State; Zip Code <i>777 MAIN ST. FW TX 76102</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Gyna M. Bivens</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3-4-21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>GOOD GOVERNMENT FUND</i>	7 Amount of contribution (\$) <i>\$1,250-</i>
6 Contributor address; City; State; Zip Code <i>200 MAIN ST. FW TX 76102</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3-4-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>PSEL PAC</i>	Amount of contribution (\$) <i>\$1,250-</i>
Contributor address; City; State; Zip Code <i>201 MAIN ST. FW TX 76102</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 9	2 FILER NAME Gyna M. Bivens	3 Filer ID (Ethics Commission Filers)
4 Date 1-4-21	5 Payee name ALBERTSONS #427	
6 Amount (\$) \$6304	7 Payee address; City; State; Zip Code 850 E. Loop 820 FW TX 76112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SUPPLIES	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date 1-11-21	Payee name IN THE SOFTWARE		
Amount (\$) \$59792	Payee address; City; State; Zip Code MOUNTAIN VIEW CA 94040		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING WORK	Description WEBSITE	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

Date 1-15-21	Payee name RACHEL DELIRA - STYLE FW		
Amount (\$) \$150-	Payee address; City; State; Zip Code 3208 RIVERLAKES DR HURST TX 76053		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description PHOTOGRAPY	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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

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: 9	2 FILER NAME Gyna M. BIVENS	3 Filer ID (Ethics Commission Filers)
4 Date 2-1-21	5 Payee name CLEAR CHANNEL	
6 Amount (\$) \$1,515-	7 Payee address; City; State; Zip Code 3700 E. RANDOL MILL ARLINGTON TX 76011	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description BILLBOARD
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date 2-9-21	Payee name Kwik Copy		
Amount (\$) \$318⁵³	Payee address; City; State; Zip Code 1850 HANDLEY DR FW TX 76112		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING	Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

Date 2-16-21	Payee name SYLVIA ALLEN		
Amount (\$) \$50-	Payee address; City; State; Zip Code 5462 BONG DR FW TX 76112		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) POLLING	Description WALKER LABOR	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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

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: 9		2 FILER NAME GYNA M. BIVENS		3 Filer ID (Ethics Commission Filers)	
4 Date 2-22-21		5 Payee name CHEVRON			
6 Amount (\$) \$10⁷¹		7 Payee address; City; State; Zip Code 1051 BRIDGEWOOD DR. FW TX 76112			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER		(b) Description MISC.		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2-22-21		Payee name CHEVRON			
Amount (\$) \$44⁰⁹		Payee address; City; State; Zip Code 1051 BRIDGEWOOD DR. FW TX 76112			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TRAVEL		Description GASOLINE		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2-22-21		Payee name U.S.P.S.			
Amount (\$) \$89⁵⁰		Payee address; City; State; Zip Code 1475 HANDLEY DR. FW TX 76124			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER		Description POSTAGE		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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

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: 9	2 FILER NAME Gyna M. Bivens	3 Filer ID (Ethics Commission Filers)
4 Date 3-1-21	5 Payee name TRIPLE 7 FOOD	
6 Amount (\$) \$102.95	7 Payee address; 5800 E. BERRY ST. FW	City; State; Zip Code TX 76119
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD AT EVENT	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3-1-21	Payee name MURPHY NASICA	
Amount (\$) \$3,750-	Payee address; DECKER DR.	City; State; Zip Code IRVING TX
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3-3-21	Payee name SHELL	
Amount (\$) \$2965	Payee address; 6753 E. LANCASTER AVE FW	City; State; Zip Code TX 76112
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TRAVEL	Description GASOLINE
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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

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: 9		2 FILER NAME Gyna M. Bivens		3 Filer ID (Ethics Commission Filers)	
4 Date 3-3-21		5 Payee name GSP Custom Sign			
6 Amount (\$) \$2,206¹⁸		7 Payee address; HOUSTON TX		City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING		(b) Description		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3-12-21		Payee name SYLVIA ALLEN			
Amount (\$) \$50-		Payee address; 5462 BONG DR.		City; State; Zip Code FW TX 76112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) POLLING		Description LABOR		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3-16-21		Payee name MURPHY NASICA			
Amount (\$) \$777⁶³		Payee address; DECKER DR.		City; State; Zip Code IRVING TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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

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: 9 2 FILER NAME GYNA M. BIVENS 3 Filer ID (Ethics Commission Filers)

4 Date 3-16-21 5 Payee name MURPHY NASICA

6 Amount (\$) \$4,289³⁰ 7 Payee address; City; State; Zip Code
DECKER DR. IRVING TX

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) CONSULTING (b) Description
(c) ☐ 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/OH Candidate / Officeholder name Office sought Office held

Date 3-18-21 Payee name MURPHY NASICA

Amount (\$) \$410⁵³ Payee address; City; State; Zip Code
DECKER DR. IRVING TX

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) CONSULTING 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 3-19-21 Payee name OFF THE BONE BBQ

Amount (\$) \$27³⁹ Payee address; City; State; Zip Code
5144 MANSFIELD HWY FOREST HILL TX 76119

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) FOOD 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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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

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: 9	2 FILER NAME GYNA M. BIVENS	3 Filer ID (Ethics Commission Filers)
4 Date 3-22-21	5 Payee name SYLVIA ALLEN	
6 Amount (\$) \$100-	7 Payee address; City; State; Zip Code 5462 BONG DR. FW TX 76112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SOLICITATION	(b) Description CANVASSING
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3-22-21	Payee name WAYLON BIVENS	
Amount (\$) \$150-	Payee address; City; State; Zip Code 5728 NORRIS FW TX 76119	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description SIGN INSTALLATION
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3-23-21	Payee name CLEAR CHANNEL	
Amount (\$) \$347⁵⁰	Payee address; City; State; Zip Code 3700 RANDOL MILL ARL TX 76011	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description BILLBOARD
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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

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: 9		2 FILER NAME Gyna M. BIVENS		3 Filer ID (Ethics Commission Filers)	
4 Date 3-26-21		5 Payee name RACHEL DELIRA - STYLE FW			
6 Amount (\$) \$150-		7 Payee address; City; State; Zip Code 3208 RIVERLAKES DR. Hurst TX 76053			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING		(b) Description PHOTOGRAPHY		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3-26-21		Payee name CHRIS HOWELL FOUNDATION			
Amount (\$) \$250-		Payee address; City; State; Zip Code DALLAS TX			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRIBUTION		Description PANDEMIC RELIEF		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3-26-21		Payee name MURPHY NASICA			
Amount (\$) \$1,000-		Payee address; City; State; Zip Code DECKER DR. IRVING TX			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

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

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: 9	2 FILER NAME Gyna M. BIVENS	3 Filer ID (Ethics Commission Filers)
4 Date 3-26-21	5 Payee name GSP CUSTOM SIGNS	
6 Amount (\$) \$1,250²⁹	7 Payee address; City; State; Zip Code HOUSTON TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING	(b) Description SIGNS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 3-29-21	Payee name CLEAR CHANNEL	
Amount (\$) \$347⁵⁰	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 BILLBOARD
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED