CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Box 12070

OFFICIAL RECORD

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	MS/MRS/MR FIRST	MI	OFFICE USE ONLY
NAME	Mr Paul	A	Date Received
	NICKNAME LAST	SUFFIX	9101113
	Gardner		\$ 1 A
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT/SUITE #; CITY; 3833 Drexmore Rt Ftw.	STATE; ZIPCODE.	RECEIVED Date Hand-delige of Postpored
change of address			Receipt # CITY OF FOR WORLH
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER	EXTENSION	Date Processed
PHONE	(817) 946 - 9555		61110188
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST	A.	Date Imaged
NAME	NICKNAME LAST	SUFFIX	
	Gardner		
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE
TREASURER ADDRESS	Same		
(residence or business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (817) 337 - 0502	EXTENSION	
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD	Month Day Year	Month Day	Year
COVERED	04/02/2-13 THROUGH	05/01/	2013
		, ,	
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year Discount		
	Primary	Runoff	General Special
	05 / 11 / 2013		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		FL.WOOK	City Comeil District 4
	GO TO PAG	iE 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Gardur	1	5 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL SPECIFIC	COMMITTEE ADDRESS	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN IS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,730.
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMI	IZED \$
	4. TOTAL POLITICAL EXPENDITURES \$ 3, 691.44		
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA	\$ (3,794.53)
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	HE \$ 9
	CONALD P. GONZALES COMMISSION EXPIRES May 17, 2016	is true and correct and includes all i me under Title 15, Election Code.	perjury, that the accompanying report information required to be reported by
AFFIX NOTARY STAM	P / SEAL ABOVE		idate or Officeholder
Sworn to and substant day Signature of officer admit	may	ne, by the saidA. Carduer, 20_13, to certify which, witness make a control of the control of	y hand and seal of office. Total Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
2 FILER NAME			3 ACCOUNT # (E	Ethics Commission Filers)
Paul	A. G-réner			
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
4/2/13	Robert Gordon		contribution (\$)	description (if applicable)
1,5112	6 Contributor address; City; State; Zip Code		50.00	
	11423 Kingsbarn Ct Houston	Tx 77377		
	,		(If traval outside	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See		or rexas, complete scriedule 1)
Date	Full name of contributor		Amount of	In-kind contribution
	Robert Spratling		contribution (\$)	description (if applicable)
4/3/13	Robert Spretling Contributor address; City; State; Zip Code		100.	
			(00.	1
	5308 La Viva La Arlington, Ti	700.1		1
				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of	In-kind contribution
	Stone Howles		contribution (\$)	description (if applicable)
4/5/13	Steven Hosker Contributor address; City; State; Zip Code			
1/2/13	2408 Aster La Rowlett TX 1	76.80	50.	ĺ
	3908 Aster La Comiet 1x.	1700 (ì
				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
	Curtis Cohen		contribution (\$)	description (if applicable)
V/n/	Contributor address; City; State; Zip Code			
4/7/13	*************************************		100	
	3717 Stone Creek Pkmy	trmour la. VIJ		
				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See !	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
Ma sparsed	Josh Bowen		contribution (\$)	description (if applicable)
4/.1.	Contributor address; City; State; Zip Code			
4/0/13	01	TY 76244	100.	
	12840 Lizzie Pl. Fi work	in the ch		
		F1 (0		of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A:
2 FILER NAME	1. Gardage	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)
4/14/13	Bennett Gardner 6 Contributor address; City; State; Zip Code 6421 Mesa Ridge Dr Frwark Tx 76137	250.**
		(If travel outside of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions) 10 Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:) Toh, Forcester	Amount of In-kind contribution contribution (\$) description (if applicable)
4/14/13	Contributor address; City; State; Zip Code 3240 Westland Are Ff Warth TX 76108	Z60. · ·
		 (If travel outside of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions) Employer (See I	
Date	Full name of contributor	Amount of In-kind contribution
4/14/3	Barron Ninitz Contributor address; City; State; Zip Code	contribution (\$) description (if applicable)
7.	5117 Merced Dr Flwork Tx 76137	(If travel outside of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions) Employer (See I	nstructions)
Date	Full name of contributor out-of-state PAC (ID#)	Amount of In-kind contribution contribution (\$) description (if applicable)
4/14/13	Contributor address; Clty; State; Zip Code	50.
	4944 Chaps Ave FL Worth TX 76244	(If travel outside of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions) Employer (See	
Date	Full name of contributor	Amount of In-kind contribution contribution (\$) description (If applicable)
4/14/13	Chab Manppin Contributor address; City; State; Zip Code 87 13 Sunter Way Ft Worth TX 76244	50.
		(If travel outside of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions) Employer (See	nstructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

P.O. Box 12070

	CAL CONTRIBUTIONS R THAN PLEDGES OR LOA	NS		SCHEDULE A
	Instruction Guide explains how to complete th	s form.	1 Total pages Sc	hedule A:
2 FILER NAME	A. Gardner		3 ACCOUNT # (I	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#_ Matthew Brasher 6 Contributor address; City: State; Zip Code 9227 Niles Cf Ff Worth	Tx 76244	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See		of Texas, complete Schedule T)
Pate Y/14/13	Full name of contributor out-of-state PAC (ID#:_ Pat Pridenore Contributor address; City; State; Zip Code Po Box 8787 Ft Work TX	76124	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date 4/14/13	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
•	12441 Shale Br. Fr Worth Dation / Job title (See Instructions)	TX 76244 Employer (See I	- 100 V2	of Texas, complete Schedule T)
Date 4/22/13	Full name of contributor out-of-state PAC (ID#_ FW Citizens for Responsible Contributor address; City: State; Zip Code 1320 Oakland Blud State; Fig.		Amount of contribution (\$)	In-kind contribution description (if applicable) of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See I		
Date 4/20/13	Full name of contributor out-of-state PAC (ID#:_ Jones Edwardsun Contributor address; City; State; Zip Code 7009 Warn Springs Tel F	-1 world Tx 76 17		In-kind contribution description (If applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See In		of Texas, complete Schedule T)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.				

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	e Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	hedule A:
2 FILER NAME			3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#_ Curti, Cohen 6 Contributor address; City; State; Zip Code		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
1(21)(>	3717 Stone Creek Plany FAW		1000 -	
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	(ii davel odiside	of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/22/13			100.	
	2017 Uista Til Ronnoke	TX 76262	(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#:_ Robert Reyn-1 Ls		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/20/13	Contributor address; City; State; Zip Code	TX 75165	100.	
Principal popul	ection / Joh title (See Jackwetiere)	Frankrije (Ostali		of Texas, complete Schedule T)
Fincipal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/22/13	Contributor address; City; State; Zip Code	Tx 76	50.	
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/25/13	103 Clear Brook Ct South	lete, TX 76092	Zo.	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In		
-	ATTACH ADDITIONAL CODIES	AF THIS SOUED!!! 5	AC NEEDED	

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	 (1001-000-700-20
POLITICAL CONTRIBUTIONS	
OTHER THAN PLEDGES OR LOANS	SCHEDULE A

		(a) (8) (e)		
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	nedule A;
2 FILER NAME			3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4/19/13	Gyna Birens 6 Contributor address; City; State; Zip Code Po Box 8185 Flwarl To	× 76124	50.**	
9 Principal secur	policy / Johnstein (October 1987)			of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/23/13	Contributor address; City; State; Zip Code		250.**	
District.				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See II	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_Bill:e Jo Jezierski Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/10/13			25.	
	4929 Diamond Trace Tr fi	WORLS TX 76244		
Principal occup	pation / Job title (See Instructions)	Employer (See In		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/8/13	Contributor address; City; State; Zip Code		25.00	
	9024 Morning Mendow Dr Ft	Worll TX 76244	 	f Tours (seemble) Cabadula T)
Principal occup	pation / Job title (See Instructions)	Employer (See In		f Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
		}		
Principal occup	pation / Job title (See Instructions)	Employer (See In		f Texas, complete Schedule T)

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P.O. Box 12070

40.00	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/C		n Repayment/Reimbursement
Accounting/Banking Consulting Expense	Legal Services Solicitation/Fundra		sportation Equipment & Related Expense
Event Expense	Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis		tributions/Donations Made By
Fees	Polling Expense Travel Out Of Dis Printing Expense Office Overhead/F		Candidate/Officeholder/Political Committee
	The Instruction Guide explains how to		ER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME	Tompieto imo remin	3 ACCOUNT # (Ethica Commission Files)
6	Paul A Gardner	İ	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name		
04/4/13	Target		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
21.63	701 Carroll St Ft Word	4 TX 7610	27
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If trav	el outside of Texas, complete Schedule T)
OF EXPENDITURE		-1.31	
	office overhead	Office sought	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
4/4/13	usps		
Amount (\$)	Payee address; City; State; Zip Code		
46.00	3101 W 4th St Ffw. LL T	× 76107	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If trave	el outside of Texas, complete Schedule T)
OF EXPENDITURE	00.	Oned.	
	ofice overhead	Postaje	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date ,	Payee name		
4/15/13	Target		1
Amount (\$)	Payee address; City; State; Zip Code		
49 22			, , ,
11.	301 Carroll St Ft W	orth TX 7	610,1
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If trave	el outside of Texas, complete Schedule T)
OF EXPENDITURE	office overhead	Stationer	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date 4/15/13	Payee name USPS		
Amount (\$)	Payee address; City; State; Zip Code		
Amount (ψ)		TX 76101	I
92.00	3101 W 64 St FI WOOTH	17 7418	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If trave	el outside of Texas, complete Schedule T)
OF EXPENDITURE	office overhead	Postage	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	CHEDULE AS NEE	DED

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense	Gift/Awards/Memorials Eveness Caladan No.
Accounting/Banking	Legal Services
Consulting Expense	Fond/Reverage Expense
Event Expense	Contributions/Donations Made By
Fees	Printing European Committee
, 000	THER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F:	2 51155 11115
page concess.	
	Pal A Gardner
4 Date	5 Payee name
4/15/13	
	Wal-Mart
6 Amount (\$)	7 Payee address; City; State; Zip Code
	8520 N. Beach St FI W. H TX 76244
pr pr pr 1	1 0 00 N. Deach St 44 Worth 1x 176249
55.51	, ,
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	Food Beverage Expense Supplies for Event
Complete ONLY if dia	
Gomplete ONLY if direct expenditure to benefit C/C	Office field
expenditure to benefit C/C	DH
Date	Payee name
04/15/13	Best Buy
112/12	
Amount (\$)	Payee address; City; State; Zip Code
	9581 Sage Meadow Tr\ FI 4 TX 7/1977
12.95	9581 Sage Meadow Trl Ff worth TX 76197
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
OF	
EXPENDITURE	office overhead Stationary
Complete ONLY if direct	Candidate / Officeholder name Office sought Office held
expenditure to benefit C/O	
	···
Date	Payee name
·4/15/13	Sange Club
Amount (\$)	
Amount (\$)	Payee address; City; State; Zip Code
	6375 N.E. LOOD 820 NRH TX 76180
400 59	6375 N.E. Loop 820 NRH, TX 76180
482.59	· · · · · · · · · · · · · · · · · · ·
DUDDOCT	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	
EXPENDITURE	Food Beverage Expense Supplies for Event
Complete ONLY if direct	Candidate / Office held Office sought Office held
expenditure to benefit C/O	DH I
Date	Payee name
14/11/2	7-11
01/14/2	
Amount (\$)	Payee address; City; State; Zip Code
	3505 Heritage Trace Plany Ft World TX 76244
n. nE	3505 Heritage Trace Plany FA World TX 76249
32,35	
₹ 1 (20)	
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
OF	
EXPENDITURE	Fool Benrage Expense Ice for Event
Complete ONLY if direct	
expenditure to benefit C/C	HO
	ATTACH ARRITIONAL CORIES OF THE COLUMN F AS MEETE
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P.O. Box 12070

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)
Advertising Expense	2121	
Accounting/Banking	100	
Consulting Expense	Food/Beverage Expense Travel In Distri	
Event Expense	Polling Expense Travel Out Of	Contributions/Bonations Wade by
Fees		d/Rental Expense OTHER (enter a category not listed above)
	The Instruction Guide explains how	,
4 T-4-1 0-11-1		
1 Total pages Schedule F:	Paul A Gardaer	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
4/17/13	4595	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
92.00	3101 W 6th St FF	worth TX 76107
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	office overhead	Postaje
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office held
Date 1	Payee name	
4/10/10		
<u> </u>	larget	
Amount (\$)	Payee address; City; State; Zip Code	
32.44	301 Carroll St Ft	moth 1x 16101
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	00 1 1	-1 11
	office overhead	Stationary
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
Complete ONLY if direct		
Complete ONLY if direct expenditure to benefit C/C	DH	
Complete ONLY if direct expenditure to benefit C/C	Payee name	
Complete ONLY if direct expenditure to benefit C/C	Payee name VIP Valet Payee address; City; State; Zip Code	
Complete ONLY if direct expenditure to benefit C/C Date Y 17 13 Amount (\$) 208.	Payee name VIP Valet Payee address; City; State; Zip Code	Office sought / Office held
Complete ONLY if direct expenditure to benefit C/C Date Y 17 13 Amount (\$) 208.**	Payee name VIF Valet Payee address; City; State; Zip Code Po Box 1815 11 Ft w Category (See categories listed at the top of this schedule)	Office sought Office held Office held Office held Office held
Complete ONLY if direct expenditure to benefit C/C Date Y 17 13 Amount (\$) 208.	Payee name VIP Valet Payee address; City; State; Zip Code Po Box 1815 11 Ft w Category (See categories listed at the top of this schedule) Sclaric, Wayes Contract Labor	Office sought Office held
Complete ONLY if direct expenditure to benefit C/C Date Y 17 13 Amount (\$) 208.**	Payee name VIP Valet Payee address; City; State; Zip Code Po Box 1815 11 Ft w Category (See categories listed at the top of this schedule) Salarie, Wayes Contract Labor Candidate / Officeholder name	Office sought Office held Office held Office held Office held
Complete ONLY if direct expenditure to benefit C/C Date Y 17 3 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee name VIP Valet Payee address; City; State; Zip Code Po Box 1815 11 Ft w Category (See categories listed at the top of this schedule) Salarie, Wayes Contract Labor Candidate / Officeholder name	Office sought Office held
Complete ONLY if direct expenditure to benefit C/C Date Y 17 3 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C	Payee name VIP Valet Payee address; City; State; Zip Code Po Box 1815 VI Ft w Category (See categories listed at the top of this schedule) Salarie, 1 wases / Contract Labor Candidate / Officeholder name Payee name Push Digital	Office sought Office held
Complete ONLY if direct expenditure to benefit C/C Date Y 17 3 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C	Payee name VIF Valet Payee address; City; State; Zip Code Po Box 1815 VI Ft w Category (See categories listed at the top of this schedule) Science, we will be a considered to the considerate of the	Office sought Office held Office held Office held Office sought Office held Office sought Office held
Complete ONLY if direct expenditure to benefit C/C Date 1 17 13 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date 1 17 13 Amount (\$)	Payee name VIF Valet Payee address; City; State; Zip Code Po Box 1815 VI Ft w Category (See categories listed at the top of this schedule) Science, we will be a considered to the considerate of the	Office sought Office held Oorth TX 76109 Description (If travel outside of Texas, complete Schedule T) Ualet Gr Event
Complete ONLY if direct expenditure to benefit C/C Date Y 17 13 Amount (\$) 2 0 8. PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C	Payee name VIF Valet Payee address; City; State; Zip Code Po Box 1815 VI Ft w Category (See categories listed at the top of this schedule) Science, we will be a considered to the considerate of the	Office sought Office held Office held Office held Office sought Office held Office sought Office held
Complete ONLY if direct expenditure to benefit C/C Date Y 17 13 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date Date PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date PURPOSE	Payee name VIF Valet Payee address; City; State; Zip Code Po Box 1815 VI Ft w Category (See categories listed at the top of this schedule) Science, we will be a considered to the considerate of the	Office sought Office held Office held Office held Office sought Office held Office sought Office held
Complete ONLY if direct expenditure to benefit C/C Date Y 17 13 Amount (\$) 208. PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date	Payee name VIP Valet Payee address; City; State; Zip Code Po Box 1815 VI Ft w Category (See categories listed at the top of this schedule) Salaries Wases Contract Labor Candidate / Officeholder name Payee name Push Payee address; City; State; Zip Code Po Box 7431 Columbia Category (See categories listed at the top of this schedule)	Office sought Office held Office held Description (If travel outside of Texas, complete Schedule T) Ualet Gr Event Office sought Office held SC 29202 Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C Date 1 17 13 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date 1 19 13 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Complete ONLY if direct direct of the complete only if direct only if direc	Payee name VIP Valet Payee address; City; State; Zip Code Po Box 1815 11 Ft u Category (See categories listed at the top of this schedule) Salaries Lunger Contract Labor Candidate / Officeholder name Push Payee name Push Payee address; City; State; Zip Code Po Box 7431 Columbia Category (See categories listed at the top of this schedule) Advertising Expense Candidate / Officeholder name	Office sought Office held Office held Office held Office held Description (If travel outside of Texas, complete Schedule T) Ualet Gr Event Office sought Office held
Complete ONLY if direct expenditure to benefit C/C Date Y 17 3 Amount (\$) 2 0 8. PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date J 17 3 Amount (\$) PURPOSE OF EXPENDITURE	Payee name VIP Valet Payee address; City; State; Zip Code Po Box 1815 11 Ft u Category (See categories listed at the top of this schedule) Salaries Lunger Contract Labor Candidate / Officeholder name Push Payee name Push Payee address; City; State; Zip Code Po Box 7431 Columbia Category (See categories listed at the top of this schedule) Advertising Expense Candidate / Officeholder name	Office sought Office held Description (If travel outside of Texas, complete Schedule T) Unlet Gr Event Office sought Office held SC 29707 Description (If travel outside of Texas, complete Schedule T) Mailers Office sought Office held

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Travel In District Travel Out Of District Printing Expense Office Overhead/Rental Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F:	2 FILER NAME Paul & Gardage 3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name
4/19/13	Chase Bank
6 Amount (\$)	7 Payee address; City; State; Zip Code
30.00	600 Bailey Are Ft Worth TX 76107
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	Facs Bank Facs
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held
Date	Payee name
4/23/13	Push Digital
Amount (\$)	Payee address; City; State; Zip Code
1,229,14	P.o. Box 7431 Columbia, SC 29202
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Abuertising Expense Mailers
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held
Date	Payee name
4/23/13	Chase Bonte
Amount (\$)	Payee address; City; State; Zip Code
30.00	600 Bailey Aug FI WORL TX 76107
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Fees Back Fres
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held
Date 4/25/13	Payee name Target
Amount (\$)	Payee address; City; State; Zip Code
86.51	301 Carrell St F1 Worth Tx 76107
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	office overhead Stationary
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense		ges/Contract Labor	Loan Repayment/Reimbursement		
Accounting/Banking	-	undraising Expense	Transportation Equipment & Related Expense		
Consulting Expense	Food/Beverage Expense Travel In Dis		Contributions/Donations Made By		
Event Expense	Polling Expense Travel Out C		Candidate/Officeholder/Political Committee		
Fees	Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above)				
	The Instruction Guide explains ho	w to complete this fo	orm.		
1 Total pages Schedule F:	2 FUER NAME		3 ACCOUNT # (Ethics Commission Filers)		
	Pal A Gordon				
4 Date	5 Pavee name				
4/25/13					
	4595				
6 Amount (\$)	7 Payee address; City; State; Zip Cod	le			
	m / 16 m m				
184.00	3101 W 6+4 S+ F+1	north IX	76107		
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	office ourhead	Office soud	<u></u>		
9 Complete ONLY if direct	Candidate / Officeholder name	Office sough	ht Office held		
expenditure to benefit C/C	PH .				
Date	Payee name				
4/26/13	y sps				
Amount (\$)	Payee address; City; State; Zip Coo				
Amount (#)	, ayou dadrooo,,,,,,				
138.00	3101 W 6th SI FI	Worth TX	76107		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)		
EXPENDITURE	office overhead	او م	* · 4		
	Candidate / Officeholder name	Office sough			
Complete ONLY if direct expenditure to benefit C/C		Office sough	The Chief Held		
experialiture to beliefit orc					
Date	Payee name	A			
41-1					
1/24/13	Payee address; City; State; Zip Cod				
Amount (\$)	Payee address; City; State; Zip Cod	e			
,	4213 Silinberry Are Fru	Jors Tx T	76137		
60.	/				
		, , , , , , , , , , , , , , , , , , , ,			
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)		
OF	sales I I sale	1.	tambér services		
EXPENDITURE	salaries/wages/contract labor	1-500	Charles and the charles are th		
Complete ONLY if direct	Candidate / Officeholder name	Office sough	ht Office held		
expenditure to benefit C/C	Н				
	5		-		
Date	Payee name				
4/29/13	larget				
Amount (\$)	Payee address; City; State; Zip Cod	le			
*** **********************************			_		
59.09	301 Carroll St F4	mouth Ix	1761017		
71,0	C457011 3 17				
DUDDOOF	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)		
PURPOSE OF	Catagory (con actagorism notes at the top of this obligation)				
EXPENDITURE	office overhead	5tut	'onery		
6 11 61111111	Candidate / Officeholder name	Office soug	ht Office held		
Complete ONLY if direct		z =g			
expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					
	and provide account to the contract of the con				

(512) 463-5800

POLITICAL EXPENDITURES

P.O. Box 12070

	EXPENDITURE CATEGORIES	FOR BOX 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement			
Accounting/Banking	Legal Services Solicitation/Fundra	ortation Equipment & Related Expense		
Consulting Expense Event Expense	Food/Beverage Expense Travel In District Contributions/Donations Made By			
Fees	Polling Expense Travel Out Of District Candidate/Officeholder/Political Committee Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above)			
1 000	The Instruction Guide explains how to	· va a commu	R (enter a category not listed above)	
1 Total pages Schedule F:	2 FILER NAME		ACCOUNT # (Ethics Commission Filers)	
1 Total pages Contiduo 1	Pal A. Gerdan	١	ACCOUNT # (Ettiles Commission Filers)	
4 Date /	5 Pavee name			
4/21/13	uses			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
			•	
92.00	3101 W 6th St Ft w.	it to 46	107	
B PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel	outside of Texas, complete Schedule T)	
OF EXPENDITURE	office Overhand	0.4		
	Candidate / Officeholder name	Office sought	Office held	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		Onice sought	Office held	
Date 4/29/17	Payee name Target			
Amount (\$)	Payee address; City; State; Zip Code			
58.01	0			
58.51	301 Carroll St File	Porth TX 761	- Γ	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel	outside of Texas, complete Schedule T)	
OF EXPENDITURE	office overhand	Staliano		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Bato	, 2,22			
Amount (\$)	Payee address; City; State; Zip Code			
Amount (\$)	Tayor address, Only, Olate, Zip odde			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel	outside of Texas, complete Schedule T)	
OF EXPENDITURE				
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Complete <u>ONLY</u> if direct expenditure to benefit C/O		Omoc oodgin	Ciniso noid	
Data	Payee name		-	
Date				
l l	Payee name			
A	•			
Amount (\$)	Payee name Payee address; City; State; Zip Code			
Amount (\$)	•			
Amount (\$)	•			
	•	Description (If travel	outside of Texas, complete Schedule T)	
PURPOSE OF	Payee address; City; State; Zip Code	Description (If travel	outside of Texas, complete Schedule T)	
PURPOSE	Payee address; City; State; Zip Code	Description (If travel	outside of Texas, complete Schedule T)	
PURPOSE OF	Payee address; City; State; Zip Code Category (See categories listed at the top of this schedule) Candidate / Officeholder name	Description (If travel	outside of Texas, complete Schedule T) Office held	
PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee address; City; State; Zip Code Category (See categories listed at the top of this schedule) Candidate / Officeholder name	Office sought	Office held	