

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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:

13

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Mr.
NICKNAMEPaul
LASTA.
SUFFIX

Gardner

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

3833 Drexmore Rd Ft Worth TX 76244

☐ change of address5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817)

946 9555

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mrs.
NICKNAMELindsey
LASTA.
SUFFIX

Gardner

7 CAMPAIGN
TREASURER
ADDRESS
(residence or business)

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

3833 Drexmore Rd Ft. Worth TX 76244

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817)

337 - 0502

9 REPORT TYPE

☐ January 15☒ 30th day before election☐ Runoff☐ 15th day after campaign
treasurer appointment
(officeholder only)☐ July 15☐ 8th day before election☐ Exceeded \$500
limit☐ Final report (Attach C/OH - FR)10 PERIOD
COVERED

Month

Day

Year

01 / 09 / 13

THROUGH

Month

Day

Year

04 / 01 / 13

11 ELECTION

Month

ELECTION DATE

Day

Year

05 / 11 / 13

ELECTION TYPE

☐ Primary☐ Runoff☒ General☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Ft. Worth City Council District 4

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Paul A. Gardner 15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,325.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,158.09
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ (3,833.09)
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Paul Gardner, this the 11th day of April, 20 13, to certify which, witness my hand and seal of office.

Signature of officer administering oath

MARY J. KAYSER

Printed name of officer administering oath

Cd. Secutar

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 4	
2 FILER NAME Paul A Gardner		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1/15/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Paul A. Gardner 6 Contributor address; City; State; Zip Code 3833 Drexmore Rd Ft. Worth TX 76244	7 Amount of contribution (\$) 25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
10 Employer (See Instructions)			
Date 1/22/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Larry E. Lyons Contributor address; City; State; Zip Code 10113 Paintbrush Dr Ft Worth TX 76244	Amount of contribution (\$) 4000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Divisional Mgr		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions) Cornwell Tools			
Date 1/29/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Matthew Yates Contributor address; City; State; Zip Code 3001 Rustic Meadows Dr Bedford TX 76021	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date 1/31/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: William Parrish Contributor address; City; State; Zip Code 2329 Mistletoe Dr Ft. Worth TX 76110	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date 1/31/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sue Parrish Contributor address; City; State; Zip Code 2329 Mistletoe Dr. Ft. Worth TX 76110	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 4	
2 FILER NAME Paul A. Gardner		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/2/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Bill Arias	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 7108 Sawcon Valley Dr Ft. Worth TX 76132		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Sr. VP		10 Employer (See Instructions) Bobby Cox Co.	
Date 2/13/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Rita Connelly	Amount of contribution (\$) 5.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8904 Brook Hill Lane Ft Worth TX 76214		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/20/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Charles Whitaker Jr.	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3406 Mona Lee Lane Houston TX 77080		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/21/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Barron Nimitz	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5117 Merced Dr Ft. Worth TX 76137		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/21/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) John Ingebritson	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 703 W. Magnolia Ave Apt A Ft. Worth, TX 76104		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 4	
2 FILER NAME Paul A. Gardner		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/22/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Robert S. Hall	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2215 Red Hawk Ln Euless TX 76039		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2/23/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Adam Vincze	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8351 Capital Reef Ct Ft. Worth, TX 76137		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/23/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Shane Hatcher	Amount of contribution (\$) 5.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1110 Red Bud Lane Aledo TX 76008		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/25/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Tom McMeans	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8404 Island Ct. Ft. Worth TX 76137		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/27/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Stephen Kelso	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3725 Bigleaf Ln Ft. Worth TX 76137		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

4

2 FILER NAME

Paul A. Gardner

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3/2/13

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Ronnie Dempsey

6 Contributor address; City; State; Zip Code

7820 Teal Dr. Ft. Worth TX 76137

7 Amount of contribution (\$)

10.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/18/13

Full name of contributor

☐ out-of-state PAC (ID# _____)

John Hamilton

Contributor address; City; State; Zip Code

103 Clear Brook Ct Southlake TX 76092

Amount of contribution (\$)

5.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/17/13

Full name of contributor

☐ out-of-state PAC (ID# _____)

Scott Denbina

Contributor address; City; State; Zip Code

4232 Pepperbrush Dr Ft. Worth, TX 76137

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>Paul A. Gardner</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>2/19/13</i>	5 Payee name <i>Lindsey Mays</i>
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6 Amount (\$) <i>250.00</i>	7 Payee address; City; State; Zip Code <i>4213 Silverberry Ave Ft. Worth TX 76137</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>salaries/wages/contract labor</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>contract labor for campaign services</i>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3/7/13</i>	Payee name <i>Lindsey Mays</i>
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Amount (\$) <i>250.00</i>	Payee address; City; State; Zip Code <i>4213 Silverberry Ave Ft. Worth TX 76137</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>salaries/wages/contract labor</i>	Description (If travel outside of Texas, complete Schedule T) <i>contract labor for campaign services</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3/8/13</i>	Payee name <i>Kwik Kopy Printing</i>
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Amount (\$) <i>591.00</i>	Payee address; City; State; Zip Code <i>1850 Handley Dr Ft. Worth TX 76112</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Ad in greater meadowbrook newspaper</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3/8/13</i>	Payee name <i>Picante Sports Bar</i>
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Amount (\$) <i>23.25</i>	Payee address; City; State; Zip Code <i>2108 E. Rosedale Ft. Worth TX 76104</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food / Beverage Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Lunch with constituent/Advisor</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME Paul Gardner		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/20/13		5 Payee name Push Digital			
6 Amount (\$) 2,162.40		7 Payee address; City; State; Zip Code Po Box 7431 Columbia SC 29202			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) Yard sign design and product	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 1/4/13		Payee name Push Digital			
Amount (\$) 14.99		Payee address; City; State; Zip Code Po Box 7431 Columbia SC 29202			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Domain Registration	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 2/20/13		Payee name Push Digital			
Amount (\$) 122.71		Payee address; City; State; Zip Code Po Box 7431 Columbia SC 29202			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Yard sign postage	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 2/20/13		Payee name Push Digital			
Amount (\$) 10.44		Payee address; City; State; Zip Code Po Box 7431 Columbia SC 29202			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) email - press release	
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**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Paul Gardner	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 1/30/13	5 Payee name Angelo's BBQ
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6 Amount (\$) 19.65	7 Payee address; City; State; Zip Code 2533 White Settlement Rd Ft. Worth TX 76107
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food / Beverage Expense	(b) Description (If travel outside of Texas, complete Schedule T) Lunch w/ voter
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/30/13	Payee name City of Ft. Worth
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Amount (\$) 100.00	Payee address; City; State; Zip Code 1000 Throckmorton St. Ft. Worth TX 76102
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Filing Fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/4/13	Payee name Angelo's BBQ
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Amount (\$) 13.53	Payee address; City; State; Zip Code 2533 White Settlement Rd Ft. Worth TX 76107
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food / Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Lunch w/ voter
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/28/13	Payee name USPS
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Amount (\$) 46.00	Payee address; City; State; Zip Code 3101 W 6th St Ft. Worth, TX 76107
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) office overhead/rental expense	Description (If travel outside of Texas, complete Schedule T) Postage
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>Paul Gardner</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>2/20/13</i>	5 Payee name <i>USPS</i>
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6 Amount (\$) <i>46.00</i>	7 Payee address; City; State; Zip Code <i>3101 W 6th St Ft. Worth TX 76107</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>office overhead / rental expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>postage</i>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>2/20/13</i>	Payee name <i>Target</i>
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Amount (\$) <i>34.14</i>	Payee address; City; State; Zip Code <i>301 Carroll St Ft Worth TX 76107</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>office overhead / rental expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>stationary</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>1/31/13</i>	Payee name <i>Rally / Piryx</i>
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Amount (\$) <i>200.00</i>	Payee address; City; State; Zip Code <i>144 2nd St 1st Floor San Francisco CA 94105</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food / Beverage Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Event Cost</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3/8/13</i>	Payee name <i>Gyna Bivens</i>
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Amount (\$) <i>50.00</i>	Payee address; City; State; Zip Code <i>5913 McKuske Dr Ft worth TX 76119</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contribution made by Candidate</i>	Description (If travel outside of Texas, complete Schedule T) <i>Donation to Campaign</i>
------------------------	-------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
-----------------------------------------------------	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME <i>Paul Gardner</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>3/11/13</i>		5 Payee name <i>Push Digital</i>			
6 Amount (\$) <i>602.29</i>		7 Payee address; City; State; Zip Code <i>Po Box 7431 Columbia SC 29202</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>Palm Cards</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>1/9/13</i>		Payee name <i>Push Digital</i>			
Amount (\$) <i>237.00</i>		Payee address; City; State; Zip Code <i>Po Box 7431 Columbia SC 29202</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>Canalot Software Subscription</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>1/9/13</i>		Payee name <i>Push Digital</i>			
Amount (\$) <i>750.00</i>		Payee address; City; State; Zip Code <i>Po Box 7431 Columbia SC 29202</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Consulting Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>Retainer</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>2/1/13</i>		Payee name <i>Push Digital</i>			
Amount (\$) <i>750.00</i>		Payee address; City; State; Zip Code <i>Po Box 7431 Columbia SC 29202</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Consulting Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>Retainer</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME <i>Paul Gardner</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>3/25/13</i>		5 Payee name <i>Chase Bank</i>			
6 Amount (\$) <i>30.00</i>		7 Payee address; City; State; Zip Code <i>600 Bailey Ft. Worth, TX 76107</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Fees</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>Bank wire Fee</i>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>3/29/13</i>		Payee name <i>Chase Bank</i>			
Amount (\$) <i>30.00</i>		Payee address; City; State; Zip Code <i>600 Bailey Ft. Worth TX 76107</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Fees</i>		Description (If travel outside of Texas, complete Schedule T) <i>Bank wire Fee</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>3/26/13</i>		Payee name <i>Rally.org / Pirxx</i>			
Amount (\$) <i>74.69</i>		Payee address; City; State; Zip Code <i>144 2nd St 1st Floor San Francisco CA 94105</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Solicitation / Fundraising Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>Fees</i>	
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 (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>Pat Gardner</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>3/1/13</i>	5 Payee name <i>Push Digital</i>
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6 Amount (\$) <i>750.00</i>	7 Payee address; City; State; Zip Code <i>PO Box 7431 Columbia SC 29202</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Consulting Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Retainer</i>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>2/1/13</i>	Payee name <i>Push Digital</i>
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Amount (\$) <i>2,000.00</i>	Payee address; City; State; Zip Code <i>PO Box 7431 Columbia SC 29202</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Consulting Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Website Design</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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