

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 ACCOUNT #
(Ethics Commission Filers)

2 Total pages filed:

~~10~~ 11

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
Gunn A M
NICKNAME LAST SUFFIX
Bivens

OFFICE USE ONLY

Date Received

RECEIVED JAN 15 2014

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
5913 Mc Karkle
F.W. TX 76119
 change of address

Date Hand-delivered or Postmarked

Receipt #

Amount

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
817 446 7454

Date Processed

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Rob W
NICKNAME LAST SUFFIX
Bivens

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
2437 Stephen Lee Fw 76119

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
817 286 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 \$500 limit
- Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year
6 / 14 / 13 THROUGH Month Day Year
1 / 15 / 13

11 ELECTION

ELECTION DATE Year
Month Day Year
6 / 11 / 13
ELECTION TYPE
 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Gyna Bivens 15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

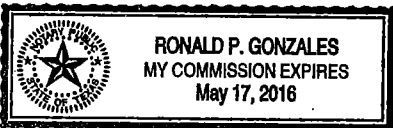
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO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

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

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)	\$ 9525
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 30451.12
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4000 ⁰⁰
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Gyna M. Bivens
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Gyna M. Bivens, this the 15th day of January, 20 14, to certify which, witness my hand and seal of office.

Ronald P. Gonzales Printed name of officer administering oath
Ronald P. Gonzales Signature of officer administering oath
Notary Title of officer administering oath

AMENDMENT: APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM ACTA PG 1

1 CANDIDATE NAME <i>GUNA M. BIVENS</i>	2 ACCOUNT #	3 Total pages filed:
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See ACTA Instruction Guide for detailed instructions.
Use this form for changes to existing information only. Do not provide information previously disclosed.

4 CANDIDATE NAME	NEW	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY		
	<input checked="" type="checkbox"/>		<i>Guna</i>	<i>M</i>	Date Received		
		NICKNAME	LAST	SUFFIX	Date Hand-delivered or Postmarked		
			<i>BIVENS</i>		Date Processed		

5 CANDIDATE MAILING ADDRESS	NEW	ADDRESS / PO BOX	APT / SUITE #	CITY	STATE	ZIP CODE	Date Imaged
	<input checked="" type="checkbox"/>	<i>5913 McKaskle Dr</i>		<i>Fort Worth TX</i>		<i>76119</i>	

6 CANDIDATE PHONE	NEW	AREA CODE	PHONE NUMBER	EXTENSION
	<input checked="" type="checkbox"/>		<i>(817) 446 7454</i>	

7 OFFICE HELD (if any)	NEW	<i>City Council District 5</i>
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8 OFFICE SOUGHT (if known)	NEW	
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9 CAMPAIGN TREASURER NAME	NEW	MS / MRS / MR	FIRST	MI	NICKNAME	LAST	SUFFIX
	<input checked="" type="checkbox"/>		<i>MR. Roy W.</i>			<i>BIVENS, JR</i>	

10 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	NEW	STREET ADDRESS (NO PO BOX PLEASE)	APT / SUITE #	CITY	STATE	ZIP CODE
	<input checked="" type="checkbox"/>	<i>2437 Stephen Lee Drive</i>				<i>76119</i>

11 CAMPAIGN TREASURER PHONE	NEW	AREA CODE	PHONE NUMBER	EXTENSION
	<input checked="" type="checkbox"/>		<i>(817) 986-1772</i>	

12 CANDIDATE SIGNATURE	<p>I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.</p> <p>I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.</p> <p>I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.</p>	
	<p><i>Guna M. Bivens</i></p> <p>Signature of Candidate</p>	<p><i>Jan. 15, 2014</i></p> <p>Date Signed</p>

GO TO PAGE 2

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.

1 Total pages Schedule A: 1/2

2 FILER NAME
Gyna M. Buens

3 ACCOUNT # (Ethics Commission Filers)

4 Date
6/14/13

5 Full name of contributor out-of-state PAC ID#:
Mitch Reitman

6 Contributor address; City; State; Zip Code
3805 Trails Edge
Fort Worth TX 76109

7 Amount of contribution (\$)
50⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
Principal

10 Employer (See Instructions)
S.I.C. Consulting Inc.

Date
6/12/13

Full name of contributor out-of-state PAC ID#:
Marie A. Holiday

Contributor address; City; State; Zip Code
3506 Yacht Club Ct.
Arlington, TX 76016

Amount of contribution (\$)
250⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Self-employed

Employer (See Instructions)

Date
6/28/13

Full name of contributor out-of-state PAC ID#:
F.W. Firefighters Committee for
Responsible Governance

Contributor address; City; State; Zip Code
3855 Tulsa Way
Fort Worth TX 76107

Amount of contribution (\$)
5000⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
PAC

Employer (See Instructions)

Date
7/1/13

Full name of contributor out-of-state PAC ID#:
Lineberger Gossen Blair &
Sampson, LLP

Contributor address; City; State; Zip Code
P.O. Box 17428
Austin TX 78760

Amount of contribution (\$)
2500⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Lawyer

Employer (See Instructions)

Date
7/2/13

Full name of contributor out-of-state PAC ID#:
Willis & Sophia Johnson

Contributor address; City; State; Zip Code
1001 Belle View
Dallas, TX 75215

Amount of contribution (\$)
500⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
consultant

Employer (See Instructions)
self-employed

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: 2/2	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/1/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: F.W. Retired Firefighters and Widows Int. for Responsible Government	7 Amount of contribution (\$) 1000⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1617 Turner Rd F.W. TX 76162		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) PAC		10 Employer (See Instructions)	
Date 6/26/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dr. T.C. & Darlene Webster	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4817 Panola Ave F.W. TX 76103		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) County Supervisor - Transportation		Employer (See Instructions) Tarrant County	
Date 6/30/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Gwen M. Merritt	Amount of contribution (\$) 25⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1409 Willow Park Fort Worth TX 76134		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) FWIA Retiree		Employer (See Instructions)	
Date 6/6/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jacquelin and James Barns	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7249 Specklebelly Lane Fort Worth TX 76120		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) community volunteer		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		(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 | Printing Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | | 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: 1/6		2 FILER NAME Anna Bivens		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/4/13		5 Payee name Political Advisors			
6 Amount (\$) 8390 ⁰⁰		7 Payee address; City; State; Zip Code 815-A Brazos Street #304 Austin, TX 78701			
8 PURPOSE OF EXPENDITURE		8(a) Category (See categories listed at the top of this schedule) Political Consultants		8(b) Description (If travel outside of Texas, complete Schedule T) Campaigning, Graphic Design.	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/4/13		Payee name Political Advisors			
Amount (\$) 8279.14		Payee address; City; State; Zip Code 815-A Brazos #304 Austin TX 78701			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Consulting		Description (If travel outside of Texas, complete Schedule T) Campaigning, Analysis, Design	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/5/13		Payee name Political Advisors			
Amount (\$) 4528 ¹⁹		Payee address; City; State; Zip Code 815-A Brazos #304 Austin TX 78701			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Consulting		Description (If travel outside of Texas, complete Schedule T) Mailier Design	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/12/13		Payee name Political Advisors			
Amount (\$) 5085 ⁸⁴		Payee address; City; State; Zip Code 815-A Brazos #304 Austin TX 78701			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Consulting		Description (If travel outside of Texas, complete Schedule T) Campaigning, Phone Calls	
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: 2/6		2 FILER NAME Gunnar Riven		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/14/13		5 Payee name Walmart			
6 Amount (\$) 9267		7 Payee address; City; State; Zip Code 8101 Anderson Blvd. Fortworth TX 76120			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Supplies		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/19/13		Payee name Mortenson Broadcasting			
Amount (\$) 330 ⁰⁰		Payee address; City; State; Zip Code 3270 BLAZER PARKWAY, #100 Lexington, KY 40509			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) KATUN RADIO COMMERCIALS	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/19/13		Payee name Mortenson Broadcasting			
Amount (\$) 480		Payee address; City; State; Zip Code 3270 BLAZER PARKWAY, #100 Lexington, KY 40509			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) KATUN RADIO COMMERCIALS	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/21/13		Payee name VistaPrint			
Amount (\$) 2998		Payee address; City; State; Zip Code 95 Hayden Ave. Lexington, MA 02421-7942			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Marketing-Advertising		Description (If travel outside of Texas, complete Schedule T) website monthly fee	
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: 3/6	2 FILER NAME Gunn M Blvens	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 7/5/13	5 Payee name Office Depot
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6 Amount (\$) 103.66	7 Payee address; City; State; Zip Code 1460 Eastchase Pkwy Ft Worth TX 76120
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Supplies	(b) Description (If travel outside of Texas, complete Schedule T) Folders
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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 7/13/13	Payee name Cynthia Triche
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Amount (\$) 300.00	Payee address; City; State; Zip Code 1054 Springwood Dr. SAGINAW, TX 76179
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Clerical support	Description (If travel outside of Texas, complete Schedule T) File set up & typing
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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 7/15/13	Payee name Hallmark Gifts
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Amount (\$) 66.36	Payee address; City; State; Zip Code 1101 Melbourne Hurst, TX 76053
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Stationery	Description (If travel outside of Texas, complete Schedule T) stationary & paper waste
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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 7/16/13	Payee name Political Flowers
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Amount (\$) 1719.00	Payee address; City; State; Zip Code 815-A Braws
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Print ad
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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: 4/16		2 FILER NAME Gunnar M Bwens		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7-18-13		5 Payee name Kelly Gray			
6 Amount (\$) 250.00		7 Payee address; City; State; Zip Code 2820 Galvez Fw 76111			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Other		(b) Description (If travel outside of Texas, complete Schedule T) Contribution	
9 Complete ONLY if direct expenditure to benefit C/OH					
Date 7/21/13		Payee name Vista Point			
Amount (\$) 29.98		Payee address; City; State; Zip Code 295 Hayden Ave. Lexington, MA 02421-7142			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) website	
Complete ONLY if direct expenditure to benefit C/OH					
Date 8/21/13		Payee name Vista Point			
Amount (\$) 29.98		Payee address; City; State; Zip Code 95 Hayden Lexington, MA			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) website	
Complete ONLY if direct expenditure to benefit C/OH					
Date 8/29/13		Payee name Marty's Frame Shop			
Amount (\$) 116.24		Payee address; City; State; Zip Code 5025 Camp Bowie Fw 76107			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Other		Description (If travel outside of Texas, complete Schedule T) frame - City Hall	
Complete ONLY if direct expenditure to benefit C/OH					

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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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	OTHER (enter a category not listed above)
Fees	Printing Expense	Office Overhead/Rental Expense	

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F: 6/6	2 FILER NAME GUNA M. BLUENS	3 ACCOUNT # (Ethics Commission Filers)
4 Date 9/10/13	5 Payee name Christina Triche	
6 Amount (\$) 300 ⁰⁰	7 Payee address; City; State; Zip Code 1054 Springwood Dr. Springtown, TX 76179	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Clerical Support	(b) Description (If travel outside of Texas, complete Schedule T) Toner set up, clerical work
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date 9/21/13	Payee name Vista Print	
Amount (\$) 29.98	Payee address; City; State; Zip Code 95 Hayden Ave Lexington, MA 02421-7942	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Marketing Advertising	Description (If travel outside of Texas, complete Schedule T) website monthly fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date 10/21/13	Payee name Vista Print	
Amount (\$) 29.98	Payee address; City; State; Zip Code 95 Hayden Ave, Lexington, MA 02421-7942	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Marketing Advertising	Description (If travel outside of Texas, complete Schedule T) website monthly fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date 11/21/13	Payee name Vista Print	
Amount (\$) 29.98	Payee address; City; State; Zip Code 95 Hayden Ave, Lexington, MA 02421-7942	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Marketing Advertising	Description (If travel outside of Texas, complete Schedule T) website monthly fee
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: 6/6	2 FILER NAME GUNA M BUENS	3 ACCOUNT # (Ethics Commission Filers)
4 Date 11/25/13	5 Payee name Lisa Woodard	
6 Amount (\$) 200	7 Payee address; City; State; Zip Code 5635 Grenada Fwy TX 76119	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other	(b) Description (If travel outside of Texas, complete Schedule T) Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/20/13	Payee name Facebook	
Amount (\$) 3000	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED