

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**OFFICIAL RECORD
CITY SECRETARY**

**FORM C/OH
COVER SHEET PG 1**

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

1 Filer ID (Ethics Commission Filers) 2 Total pages filed: 22

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Gyna

M

Bivens

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

5913 Mc Karkle

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 4467454

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Roy

W

Bivens

Jr

7 CAMPAIGN
TREASURER
ADDRESS

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

CITY;

STATE;

ZIP CODE

(Residence or Business)

1701 Carverwy
Fort Worth TX 76112

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 9861772

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

Jan / 1 / 2019

THROUGH

Month Day Year

MAR / 25 / 2019

11 ELECTION

ELECTION DATE

Month Day Year

05 / 4 / 19

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

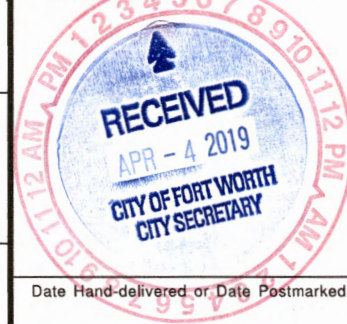
Council member

13 OFFICE SOUGHT (if known)

Council member

OFFICE USE ONLY

Date Received



Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

GO TO PAGE 2

2/22

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

15 Filer ID (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

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)

\$ 25000

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,
UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 27425.71

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ 15818.92

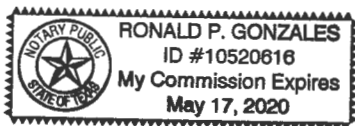
OUTSTANDING
LOAN TOTALS

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Gyna M. Bivens
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Gyna M. Bivens, this the 9th
day of April, 2019, to certify which, witness my hand and seal of office.

Ronald P. Gonzales
Signature of officer administering oath

Ronald P. Gonzales
Printed name of officer administering oath

Notary
Title of officer administering oath

2/22

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 25000
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 27425.71
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3/21
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 2/28/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Carlos Harris 6 Contributor address; City; State; Zip Code Spiller Fw TX 76105	7 Amount of contribution (\$) 1000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/1/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Scott & Theresa Williamson Contributor address; City; State; Zip Code 737 Newport Rd Fw TX 76178	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/6/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: PSEL PAC Contributor address; City; State; Zip Code 201 Main Fw TX 76102	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/2/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Johnny & Beatrice Self Contributor address; City; State; Zip Code 616 Harten Ct Fw TX 76102	Amount of contribution (\$) 200.00
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>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5/22

2 FILER NAME

Gunn Bivens

3 Filer ID (Ethics Commission Filers)

4 Date

2/14/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Mitch Reutman

6 Contributor address;

City; State; Zip Code

3805 Trade Edge Fwy 76109

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/24/19

Full name of contributor

☐ out-of-state PAC (ID#:

Mary McCray

Contributor address;

City; State; Zip Code

Fathworth

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/1/19

Full name of contributor

☐ out-of-state PAC (ID#:

Elinda Rogers

Contributor address;

City; State; Zip Code

2508 Jensen Cr Apt 76112

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/22/19

Full name of contributor

☐ out-of-state PAC (ID#:

CHRISTIE A. DALAN WILLIAMS

Contributor address;

City; State; Zip Code

272 Escalante Fwy 76126

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5/22

2 FILER NAME

GYNNA BROWN

3 Filer to (Ethics Commission Filers)

4 Date

2/24/19

5 Full name of contributor

☐ out-of-state PAC (ID#)

Devona Jennings Brown Barbree

7 Amount of contribution (\$)

100.00

6 Contributor address;

City; State; Zip Code

4551 Parkwood East Hill 76110

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/26/19

Full name of contributor

☐ out-of-state PAC (ID#)

Mike & Rose Moorcraft

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

777 Taylor Fwy 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/27/19

Full name of contributor

☐ out-of-state PAC (ID#)

Mr. & Mrs. John R. Ruch

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

2805 Altos Dr Fwy 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/27/19

Full name of contributor

☐ out-of-state PAC (ID#)

Clenda Thompson

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

7413 Arbor Hill Fwy 76120

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1/22

2 FILER NAME

Gunn-Brown

3 Filer ID (Ethics Commission Filers)

4 Date

2/27/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Reed Pisman

6 Contributor address;

City;

State;

Zip Code

200 Texas Way FW TX 76106

7 Amount of contribution (\$)

500

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/18

Full name of contributor

☐ out-of-state PAC (ID#:

Dawn Parnell

Contributor address;

City;

State;

Zip Code

4600 Mercantile FW TX 76137

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/28/19

Full name of contributor

☐ out-of-state PAC (ID#:

JSPF Investments

Contributor address;

City;

State;

Zip Code

6505 Main FW TX 76104

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/6/19

Full name of contributor

☐ out-of-state PAC (ID#:

Good Government Fund

Contributor address;

City;

State;

Zip Code

FW TX 76102

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages/Schedule A1:

3/22

2 FILER NAME

Gina Blvens

3 Filer ID (Ethics Commission Filers)

4 Date

4/19/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

MARY KAY A. GREG HUGHES

6 Contributor address;

City; State; Zip Code

2544 Stadium FW TX 76109

7 Amount of contribution (\$)

150.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/8/19

Full name of contributor

☐ out-of-state PAC (ID#:

Bert & Joyce Williams

Contributor address;

City; State; Zip Code

1700 Ellington FW TX 76112

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/4/19

Full name of contributor

☐ out-of-state PAC (ID#:

Wesley C. Miller

Contributor address;

City; State; Zip Code

1720 E Terrell FW TX 76109

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/17/19

Full name of contributor

☐ out-of-state PAC (ID#:

Donald Jurg

Contributor address;

City; State; Zip Code

436 Walton Rd FW TX 76117

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

9/22

2 FILER NAME

Gina Bivens

3 Filer ID (Ethics Commission Filers)

4 Date

3/10/19

5 Full name of contributor

☐ out-of-state PAC (ID#)

Marjorie & James DeMoss

6 Contributor address;

City; State; Zip Code

2600 W. 7th FW 76107

7 Amount of contribution (\$)

5000

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/5/19

Full name of contributor

☐ out-of-state PAC (ID#)

H.B. Hub & Martha Baker

Contributor address;

City; State; Zip Code

121 E Exchange FW 76164

Amount of contribution (\$)

5000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/19

Full name of contributor

☐ out-of-state PAC (ID#)

MARC & Tanya Vealey

Contributor address;

City; State; Zip Code

P.O. Box 11296 FW 76110

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/6/19

Full name of contributor

☐ out-of-state PAC (ID#)

Christene Moss

Contributor address;

City; State; Zip Code

5625 Eisenhower FW 76112

Amount of contribution (\$)

5000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 10/22

2 FILER NAME

Gunn Bivens

3 Filer ID (Ethics Commission Filers)

4 Date

2/25/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

JAMES DUNAWAY

6 Contributor address;

City; State; Zip Code

777 Taylor Fwy TX 76102

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/26/19

Full name of contributor

☐ out-of-state PAC (ID#:

JAN FERRIS

Contributor address;

City; State; Zip Code

3800 Trailwood Fw 76009

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/28/19

Full name of contributor

☐ out-of-state PAC (ID#:

DAVE & Heather Fulton

Contributor address;

City; State; Zip Code

8101 John White Fwy TX 76120

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/4/19

Full name of contributor

☐ out-of-state PAC (ID#:

B. Malcolm Louden

Contributor address;

City; State; Zip Code

500 W. 7th Fw TX 76102

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 10/22

2 FILER NAME

Gunn

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#)

Reu. Kyeve

7 Amount of contribution (\$)

100.00

6 Contributor address;

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

3/1/19

Terry G. Allison Montesi

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

1701 River Run Fwy 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

3/4/19

Committee for Public Safety - F.W. Police Officers Association

Amount of contribution (\$)

15000.00

Contributor address;

City; State; Zip Code

2501 Parkview Fwy 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

2/29/19

ACTURA Network Solutions

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

5057 Keller Spring, Addison TX 75001

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

12/22

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

2/26/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

SUSAN BULLA

6 Contributor address;

City; State; Zip Code

5510 Hedgesstone Fw 76132

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/4/19

Full name of contributor

☐ out-of-state PAC (ID#:

JEANNE BAKER

Contributor address;

City; State; Zip Code

Ft Worth TX

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/28/19

Full name of contributor

☐ out-of-state PAC (ID#:

Charles & Glenda Curry

Contributor address;

City; State; Zip Code

Arden TX

Amount of contribution (\$)

150.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/28/19

Full name of contributor

☐ out-of-state PAC (ID#:

WANDA Conline Bon Baren

Contributor address;

City; State; Zip Code

1155 Martel Fwy 76103

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

13/21

2 FILER NAME

GYN A BIVENS

3 Filer ID (Ethics Commission Filers)

4 Date

2/28/19

5 Full name of contributor

☐ out-of-state PAC (ID#)

Joseph B. Needlove

6 Contributor address;

City; State; Zip Code

1900 Ballpark Way, Arlington 76006

7 Amount of contribution (\$)

200.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/28/19

Full name of contributor

☐ out-of-state PAC (ID#)

Joseph B. Needlove

Contributor address;

City; State; Zip Code

1900 Ballpark Way, Arlington 76006

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/1/28

Full name of contributor

☐ out-of-state PAC (ID#)

Marilyn M. Berry

Contributor address;

City; State; Zip Code

6217 Genoa Road Ft. 76116

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/27/28

Full name of contributor

☐ out-of-state PAC (ID#)

Beil Helicopter Association PAC

Contributor address;

City; State; Zip Code

P.O. 482 Ft. 76101

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

6 Contributor address;

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 3-25		5 Payee name Rhonda Pruitt-Lavaca News			
6 Amount (\$) 1500.81		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3-27-19		Payee name Murphy NASICA			
Amount (\$) 227.33		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Consulting Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3-27-19		Payee name Murphy NASICA			
Amount (\$) 5630.43		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Consulting		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

1512

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 3-15-15		5 Payee name SignBanner			
6 Amount (\$) 1979.51		7 Payee address; City; State; Zip Code Houston TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3-18-15		Payee name Chung (Chung's)			
Amount (\$) 95.18		Payee address; City; State; Zip Code W. 7th Street			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3-25		Payee name John's White Rd NAW Nahr			
Amount (\$) 26.11		Payee address; City; State; Zip Code John's White Rd			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 1-3-19		5 Payee name Office Depot			
6 Amount (\$) 23.53		7 Payee address; City; State; Zip Code Earthlink Fort Worth TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 1-22-19		Payee name Baylorpark Arlington			
Amount (\$) 2100		Payee address; City; State; Zip Code Arlington			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 1-23		Payee name Starbucks			
Amount (\$) 12.23		Payee address; City; State; Zip Code Houston Street Fwy TX			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 1-24-19		5 Payee name Harlan Clark			
6 Amount (\$) 39.50		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Bank charge for checks		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 1-28-19		Payee name Albertsons			
Amount (\$) 35.44		Payee address; City; State; Zip Code 820-N F.W.R.			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Water		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 1-31-19		Payee name The Software Vault			
Amount (\$) 180.00		Payee address; City; State; Zip Code 1250 E. Copeland Ave Austin TX			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Website		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 2-01		5 Payee name Sign Banner			
6 Amount (\$) 742.09		7 Payee address; City; State; Zip Code Houston TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2-08-19		Payee name League of Vets			
Amount (\$) 150.00		Payee address; City; State; Zip Code 300			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2-12-19		Payee name LWL Kopy			
Amount (\$) 214.34		Payee address; City; State; Zip Code Hendrix A Fw			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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20/22

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 2-13-19		5 Payee name Murphy NASICA			
6 Amount (\$) 6817.00		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 2-15-19		Payee name Murphy NASICA			
Amount (\$) 38.37		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Consulting Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 2-19-19		Payee name United States Postal			
Amount (\$) 33		Payee address; City; State; Zip Code Hawkey-FWIX			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Postage		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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20/22

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 3-4-19		5 Payee name Shell			
6 Amount (\$) 4057		7 Payee address; City; State; Zip Code Oakland FW TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Transportation		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3-4-19		Payee name Capital Grille			
Amount (\$) 860.33		Payee address; City; State; Zip Code 200 Main FW TX			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food Beverage		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/4-19		Payee name Murphy VASICA			
Amount (\$) 1000 ⁰⁰		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Consulting		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 3-4-19		5 Payee name			
6 Amount (\$) 5662 ⁰⁰		7 Payee address; City; State; Zip Code Murphy NASHA			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
24999		Software Vault = 1250 E Copeland - Austin			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) 1250 E Co, Website		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
3-14-19		Owlktrig			
30 ⁰⁰		Brentwood Hair Faux			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) transportation		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
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