

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

CITY SECRETARY

FT. WORTH, TX

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

1 ACCOUNT #
(Ethics Commission Filers)

2 Total pages filed:
12

3 CANDIDATE / OFFICEHOLDER NAME

MS/MRS/MR: Ms. FIRST: GUNA M
NICKNAME: LAST: BIVENS SUFFIX:

OFFICE USE ONLY

Date Received



Date Hand-delivered or Postmarked

Receipt # Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE
5913 Mc Kaskle Drive Fort Worth TX 76119

change of address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE: PHONE NUMBER: EXTENSION:
(817) 446 7454

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: M. FIRST: Roy W. MI.
NICKNAME: LAST: Bivens SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE
2437 Stephen Lee Dr. Ft. W. TX 76119

8 CAMPAIGN TREASURER PHONE

AREA CODE: PHONE NUMBER: EXTENSION:
(817) 986 1772

9 REPORT TYPE

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

10 PERIOD COVERED

Month Day Year: 3 / 31 / 15 THROUGH Month Day Year: 4 / 29 / 15

11 ELECTION

ELECTION DATE: Month Day Year: 5 / 9 / 15
ELECTION TYPE: Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any): City Council District 5

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

15 ACCOUNT # (Ethics Commission Filer)

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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	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	\$	7110 00
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	3042.39
3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	
4. TOTAL POLITICAL EXPENDITURES	\$	9851 80
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0

OUTSTANDING LOAN TOTALS

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.

Signature of Candidate or Officeholder: Agyna M. Bivens

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Agyna M. Bivens, this the

10th day of May, 2015, to certify which, witness my hand and seal of office.

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction guide explains how to complete this form.

		1	Total pages Schedule A: <u>1/14</u>				
		2	FILER NAME <u>Lynda M. Pwens</u>				
		3	ACCOUNT # (Ethics Commission Filers)				
4	Date <u>4-22-15</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>James Semel</u> 6 Contributor address: <u>901 Fort Worth Blvd</u> City: _____ State: _____ Zip Code <u>76104</u>	7	8	Amount of contribution (\$) <u>2500</u>	In-kind contribution description (if applicable)	
		9	Principal occupation / Job title (See Instructions)	10	Employer (See Instructions)		
Date	<u>4/1/15</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Denise Rhoad</u> Contributor address: _____ City: _____ State: _____ Zip Code <u>76101</u>	Amount of contribution (\$)	In-kind contribution description (if applicable)			
		Principal occupation / Job title (See Instructions)	Employer (See Instructions)				
Date	<u>3-30-15</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Anthony Bowling</u> Contributor address: <u>4717 Norma Fwy</u> City: _____ State: _____ Zip Code <u>76103</u>	Amount of contribution (\$)	In-kind contribution description (if applicable)			
		Principal occupation / Job title (See Instructions)	Employer (See Instructions)				
Date	<u>4/21/15</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Timothy Elzet</u> Contributor address: <u>3045 Lakeland</u> City: _____ State: _____ Zip Code <u>76116</u>	Amount of contribution (\$)	In-kind contribution description (if applicable)			
		Principal occupation / Job title (See Instructions)	Employer (See Instructions)				
Date	<u>3/30</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Thamara Williams</u> Contributor address: <u>100 E. H St</u> City: _____ State: _____ Zip Code <u>76102</u>	Amount of contribution (\$)	In-kind contribution description (if applicable)			
		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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction guide explains how to complete this form.

		1 Total pages Schedule A: 2/29
2 FILER NAME BRUNA M. Ruens	3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3-22-15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michelle M. - 676100	7 Amount of contribution (\$) 200
	6 Contributor address, City, State, Zip Code 9201 Hillwood Tr. FORT WORTH TX 76103	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)

Date 4/1/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) B. J. Hesse - Family Limited Partn.	Amount of contribution (\$) 100⁰⁰
	Contributor address, City, State, Zip Code 2320 DAKWOOD FORT WORTH TX 76103	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 4/1/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michael & Marilyn Beert	Amount of contribution (\$) 258⁰⁰
	Contributor address, City, State, Zip Code 6217 Geneva Rd FORT WORTH TX 76116	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 4/1/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Maryq. Ross Jones	Amount of contribution (\$) 188⁰⁰
	Contributor address, City, State, Zip Code 1816 Hillcrest FORT WORTH TX 76107	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 4/1/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lee Christie	Amount of contribution (\$) 258⁰⁰
	Contributor address, City, State, Zip Code 306 W. 7th FORT WORTH TX 76102	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: 3/6	
		2	FILER NAME Gunnar M. Ruens	3
		3	ACCOUNT # (Ethics Commission Filers)	
The instruction guide explains how to complete this form.				
4	Date 4/15/15	5	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) STANLEY ELLIOTT ASSOC. OF REALTOR Contributor address: 2650 Parkview Dr City: State: Zip Code FURCO TX 76102	7
9	Principal occupation / Job title (See Instructions)	10	Employer (See Instructions)	8
6	Date 4/10/15	7	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Contributor address: P.O. 370 City: State: Zip Code FURCO TX	9
		6	Amount of contribution (\$) 500	10
		(If travel outside of Texas, complete Schedule T)		
		Employer (See Instructions)		
3	Date 3/15/15	4	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Contributor address: B. Starn Price Landsc. City: State: Zip Code P.O. 160068 FURCO TX 76181	6
		3	Amount of contribution (\$) 500	7
		(If travel outside of Texas, complete Schedule T)		
		Employer (See Instructions)		
2	Date 4/10/15	3	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Contributor address: James D. Livers City: State: Zip Code	5
		2	Amount of contribution (\$) 500	4
		(If travel outside of Texas, complete Schedule T)		
		Employer (See Instructions)		
1	Date 4/13/15	2	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Contributor address: Kasey Pipes City: State: Zip Code Pay Pay	3
		1	Amount of contribution (\$) 250	2
		(If travel outside of Texas, complete Schedule T)		
		Employer (See Instructions)		

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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: 2/2
2 FILER NAME Styne M. Owens	3 ACCOUNT # (Ethics Commission Filers)		
4 Date 4/5/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Annabel F. Payne	7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable)
	6 Contributor address: City: State: Zip Code Pay Pal	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)		

Date 4/5/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) William Henderson	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
	Contributor address: City: State: Zip Code Pay Pal	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		

Date 4-15-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Service of Children's Community Group	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
	Contributor address: City: State: Zip Code 4932 Wilshire Blvd Eureka CA 94009	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	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)		
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)		

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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: <u>1/16</u>		2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>4-22-15</u>	5 Payee name <u>Marvin WASSER</u>	7 Payee address: <u>115-43000 Austin TX</u>	City: State: Zip Code		
6 Amount (\$) <u>250</u>	7 Payee address: <u>115-43000 Austin TX</u>		City: State: Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <u>books</u>	(b) Description (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 <u>4-22-15</u>	Payee name <u>LINDSEY SIGBURN</u>	Payee address: <u>5712 Mitchelldale Houston</u>	City: State: Zip Code		
Amount (\$) <u>411.36</u>	Payee address: <u>5712 Mitchelldale Houston</u>		City: State: Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>marketing</u>	Description (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 <u>4-20-15</u>	Payee name <u>Hena Boyd</u>	Payee address: <u>1151 Bridgeway F.W. TX</u>	City: State: Zip Code		
Amount (\$) <u>45.77</u>	Payee address: <u>1151 Bridgeway F.W. TX</u>		City: State: Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Advertising equipment</u>	Description (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 <u>4-14-15</u>	Payee name <u>Angie Solomon</u>	Payee address: <u>2166 71</u>	City: State: Zip Code		
Amount (\$) <u>2166.71</u>	Payee address: <u>2166 71</u>		City: State: Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>books</u>	Description (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					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

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: <u>2/6</u>		2 FILER NAME <u>BANK MURPHY</u>		3 ACCOUNT # (Ethics Commission Filer)	
4 Date <u>4-30-15</u>	5 Payee name <u>MURPHY, BASILIA</u>				
6 Amount (\$) <u>5331.69</u>	7 Payee address: <u>RT-A-BROS</u> City: <u>AUSTIN</u> State: <u>TX</u> Zip Code <u>TX</u>				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (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 <u>Office sought</u> <u>Office held</u>					
Date <u>4/27/15</u>	Payee name <u>McCom Banner</u>				
Amount (\$) <u>41.48</u>	Payee address: <u>5519 North Loop West Houston TX</u> City: <u>HOUSTON</u> State: <u>TX</u> Zip Code <u>77092</u>				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (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 <u>Office sought</u> <u>Office held</u>					
Date <u>4/23/15</u>	Payee name <u>MURPHY, BASILIA</u>				
Amount (\$) <u>5331.69</u>	Payee address: <u>815-A-BROS</u> City: <u>AUSTIN</u> State: <u>TX</u> Zip Code <u>TX</u>				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (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 <u>Office sought</u> <u>Office held</u>					
Date <u>4-23-15</u>	Payee name <u>MURPHY, BASILIA</u>				
Amount (\$) <u>1061.0</u>	Payee address: <u>BROSBY, AUSTIN TX</u> City: <u>AUSTIN</u> State: <u>TX</u> Zip Code <u>TX</u>				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (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 <u>Office sought</u> <u>Office held</u>					

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	3 ACCOUNT # (Ethics Commission Filers)
3/6	BRYAN BRYEN	
4 Date	5 Payee name	
3-30-15	Angie Solomon	
6 Amount (\$)	7 Payee address:	City: State: Zip Code
8000	Angie Solomon	817 N.E. Green Oaks - Adlink
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
	CONSTRUCTION	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	
	Office sought	
	Office held	
Date	Payee name	
9-16-15	FRANK FERRER ALVARADO	
Amount (\$)	Payee address:	City: State: Zip Code
1000	FRANK FERRER ALVARADO	FORT WORTH TX
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	ADVERTISING	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	
	Office sought	
	Office held	
Date	Payee name	
9-1-15	STONESTON MERRISON	
Amount (\$)	Payee address:	City: State: Zip Code
250.00	1415 Carrots Falls	TX 76112
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Political Expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	
	Office sought	
	Office held	
Date	Payee name	
9-29-15	UNITED STATES POSTAL SERVICE	
Amount (\$)	Payee address:	City: State: Zip Code
6400		FED TX
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Advertising	
Complete ONLY 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
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	3 ACCOUNT # (Ethics Commission Filers)
4/16	Burn Bwens	
4 Date 4-28-15	5 Payee name Van Bell Cary	
6 Amount (\$) <u>100.00</u>	7 Payee address: 2122 Rakeford	City: State: Zip Code
3 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) sign repair	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office sought <input checked="" type="checkbox"/> Office field
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office field	
Date 4-2-15	Payee name Murray Warner	
Amount (\$) <u>484.00</u>	Payee address: Murray Warner	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) <input type="checkbox"/> Office sought <input type="checkbox"/> Office field
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office field	
Date 4-2-15	Payee name Southside Bank	
Amount (\$) <u>20</u>	Payee address: Wycety	City: State: Zip Code
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office sought <input checked="" type="checkbox"/> Office field
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office field	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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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	3 ACCOUNT # (Ethics Commission Filers)
5/6			
4 Date	5 Payee name		
05/11/15	Women of Achievement		
6 Amount (\$)	7 Payee address:	City:	State: Zip Code
65700			Fort Worth TX
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)	
	Scholarship	<input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> Office sought	
9 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)		
<input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> 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)			
<input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> 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)			
<input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> Office sought			
Office held			
Complete ONLY if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			
Complete ONLY 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
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: <i>6/6</i>		2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>3-31-15</i>	5 Payee name <i>Home Depot</i>				
6 Amount (\$) <i>125.23</i>	7 Payee address: <i>1151 Bridgeway Fosterwood TX</i>	City: State: Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Other - (Supplies)</i>	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Travel & Ties to hold civic</i>			
9 Complete ONLY if direct expenditure to benefit C/OH					
Candidate / Officeholder name		Office sought			
Office field					
Date <i>2/1-9</i>	Payee name <i>Print Master</i>				
Amount (\$) <i>113.66</i>	Payee address: <i>4076 E. LAMAR BL Ft TX</i>	City: State: Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising</i>	(a) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Printing & call</i>			
Complete ONLY if direct expenditure to benefit C/OH					
Candidate / Officeholder name		Office sought			
Office field					
Date <i>2/9-9</i>	Payee name <i>United States Postal Service</i>				
Amount (\$) <i>2946</i>	Payee address: <i>F.W. TX</i>	City: State: Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising</i>	(a) Description (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 field					
Date <i>3-31</i>	Payee name <i>Miscellaneous for water feed, horse ties</i>				
Amount (\$) <i>100</i>	Payee address: <i>5913 Mc Kibbler Dr Ft TX</i>	City: State: Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Supplies</i>	(a) Description (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 field					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED