

**OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TX**

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

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

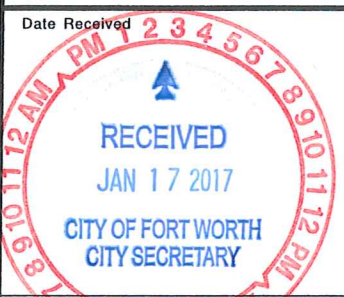
1 Filer ID (Ethics Commission Filers)

2 Total pages filed:
12

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
Gynda M
NICKNAME LAST SUFFIX
Bivens

OFFICE USE ONLY



4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
5913 McKaskle

Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 446-7454

Receipt # Amount \$

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Roy W
NICKNAME LAST SUFFIX
Bivens Jr

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
5701 Shoreline Circle
FW - 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 Month Day Year
7 / 1 / 16 THROUGH 12 / 31 / 16

11 ELECTION

ELECTION DATE: Month Day Year
ELECTION TYPE:
 Primary Runoff Other Description
 General Special

12 OFFICE

OFFICE HELD (if any)
City Council member

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

15 Filer ID (Ethics Commission Filers)

2 / 12

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

\$ 9500

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 9500⁰⁰

EXPENDITURE
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 412538

CONTRIBUTION
BALANCE

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

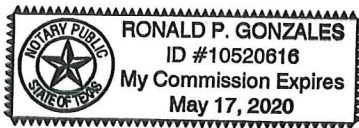
\$

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 17th day of January, 20 17, 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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 3/12 |
| 2 FILER NAME Bivens, GUNA | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 7/7/16 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JACK KELL 6 Contributor address; City; State; Zip Code FOULWICK | 7 Amount of contribution (\$) 250 ⁰⁰ |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 7/7/16 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Will & Nedra Snyder Contributor address; City; State; Zip Code FOULWICK | Amount of contribution (\$) 500 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 7/7/16 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LINDA ELVATOR GARCIA Contributor address; City; State; Zip Code FOULWICK | Amount of contribution (\$) 100 ⁰⁰ |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 7/7/16 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norma Roby Contributor address; City; State; Zip Code FOULWICK | 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:

4/12

2 FILER NAME

Bivens, Gunn

3 Filer ID (Ethics Commission Filers)

4 Date

7/3/16

5 Full name of contributor

out-of-state PAC (ID#: _____)

Carlos Walker

6 Contributor address;

City; State; Zip Code

Fort Worth

7 Amount of contribution (\$)

50⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

7/7/16

Full name of contributor

out-of-state PAC (ID#: _____)

Tracy Scott

Contributor address;

City; State; Zip Code

Fort Worth

Amount of contribution (\$)

25⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/2/16

Full name of contributor

out-of-state PAC (ID#: _____)

Dalawn & Christle Williams

Contributor address;

City; State; Zip Code

Fort Worth

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/4/16

Full name of contributor

out-of-state PAC (ID#: _____)

Kenneth Newell

Contributor address;

City; State; Zip Code

Fort Worth

Amount of contribution (\$)

2500

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:

5/12

2 FILER NAME

Bivens

3 Filer ID (Ethics Commission Filers)

4 Date

7/3/16

5 Full name of contributor out-of-state PAC (ID#: _____)

DeVoyd Jennings

6 Contributor address; City; State; Zip Code

Fort Worth

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

7/3/16

Full name of contributor out-of-state PAC (ID#: _____)

Dolores Connor

Contributor address; City; State; Zip Code

Fort Worth

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/3/16

Full name of contributor out-of-state PAC (ID#: _____)

Jim Austin

Contributor address; City; State; Zip Code

Fort Worth

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Don Borena Wanda Conlon

Contributor address; City; State; Zip Code

Fort Worth

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: <i>6/12</i> |
| 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dr. Ben Termini</i> 6 Contributor address; City; State; Zip Code <i>Ft Worth</i> | 7 Amount of contribution (\$) <i>100⁰⁰</i> |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mrs Mrs Joseph Webb</i> Contributor address; City; State; Zip Code <i>Ft Worth</i> | Amount of contribution (\$) <i>100</i> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Linebarger Goggin Blair Sampson</i> Contributor address; City; State; Zip Code <i>P.O. Box 17428 Austin TX</i> | Amount of contribution (\$) <i>2500</i> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Hayou Luther</i> Contributor address; City; State; Zip Code <i>Ft TX</i> | Amount of contribution (\$) <i>2500</i> |
| 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.

7/12

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|-----------------------------------|--------------------------------------|--|
| 1 Total pages Schedule F1: | 2 FILER NAME B. WENS, GUNA | 3 Filer ID (Ethics Commission Filers) |
|-----------------------------------|--------------------------------------|--|

| | |
|-------------------------|---|
| 4 Date 7-5-16 | 5 Payee name Ultimate Cupcake |
|-------------------------|---|

| | |
|-------------------------------|--|
| 6 Amount (\$) 57.50 | 7 Payee address; City; State; Zip Code Hudson Dakota |
|-------------------------------|--|

| | | |
|---|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (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 7-12-16 | Payee name DIXIE HOWE |
|-----------------|--------------------------|

| | |
|----------------------|---|
| Amount (\$) 10.39 | Payee address; City; State; Zip Code E. Lancaster FULTON |
|----------------------|---|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) meeting | 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 7-18-16 | Payee name IN THE SOFTWARE |
|-----------------|-------------------------------|

| | |
|-----------------------|--|
| Amount (\$) 790.00 | Payee address; City; State; Zip Code 214-794-7887 |
|-----------------------|--|

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) website set up | 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

8/12

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|-----------------------------------|-----------------------------------|--|
| 1 Total pages Schedule F1: | 2 FILER NAME B. W. Gynn | 3 Filer ID (Ethics Commission Filers) |
|-----------------------------------|-----------------------------------|--|

| | |
|--------------------------|--|
| 4 Date 7-18-16 | 5 Payee name In the Software |
|--------------------------|--|

| | |
|--|--|
| 6 Amount (\$) 1000 ⁰⁰ | 7 Payee address; City; State; Zip Code 214 7947887 |
|--|--|

| | | |
|---|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (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 7-16-16 | Payee name HAZEL JAMES |
|-----------------|---------------------------|

| | |
|----------------------------------|---|
| Amount (\$) 100 ⁰⁰ | Payee address; City; State; Zip Code Youth Olympic |
|----------------------------------|---|

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | 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 | Payee name Facebook |
|------|------------------------|

| | |
|---------------------|--------------------------------------|
| Amount (\$) 2.13 | Payee address; City; State; Zip Code |
|---------------------|--------------------------------------|

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | 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

9/12

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 Bivens, Gina | 3 Filer ID (Ethics Commission Filers) |
|-----------------------------------|-------------------------------------|--|

| | |
|-------------------------|---------------------------------------|
| 4 Date 7-7-16 | 5 Payee name Rachel De Luna |
|-------------------------|---------------------------------------|

| | |
|---|---|
| 6 Amount (\$) 150 ⁰⁰ | 7 Payee address; City; State; Zip Code |
|---|---|

| | | |
|---|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (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 8-11-16 | Payee name The Fort Worth Club |
|-----------------|-----------------------------------|

| | |
|----------------------------------|--|
| Amount (\$) 866 ³³ | Payee address; City; State; Zip Code Main FW TX 76102 |
|----------------------------------|--|

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | 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 9/1/17 | Payee name Facebook |
|----------------|------------------------|

| | |
|---------------------------------|--------------------------------------|
| Amount (\$) 178 ⁷ | Payee address; City; State; Zip Code |
|---------------------------------|--------------------------------------|

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | 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

10/12

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 BIVENS | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|------------------------|---------------------------------------|

| | |
|-------------------|--|
| 4 Date 10-2-16 | 5 Payee name Mount Olive Baptist Church |
|-------------------|--|

| | |
|----------------------|---|
| 6 Amount (\$) 425 | 7 Payee address; City; State; Zip Code EVANS FW TX |
|----------------------|---|

| | | |
|------------------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | Candidate / Officeholder name Office sought Office held | |

| | | | |
|---|-------------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|-----------------|----------------------------------|
| Date 10-2-16 | Payee name Mount Olive Church |
|-----------------|----------------------------------|

| | |
|--------------------|---|
| Amount (\$) 100 | Payee address; City; State; Zip Code EVANS FW TX |
|--------------------|---|

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | Candidate / Officeholder name Office sought Office held | |

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

| | |
|-----------------|-------------------------------|
| Date 10-3-16 | Payee name SOUTH SIDE BANK |
|-----------------|-------------------------------|

| | |
|---------------------|--------------------------------------|
| Amount (\$) 1.00 | Payee address; City; State; Zip Code |
|---------------------|--------------------------------------|

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | Candidate / Officeholder name Office sought Office held | |

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

11/12

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 11-14-16 | 5 Payee name Brighter Outlook |
|--------------------|----------------------------------|

| | |
|----------------------|--|
| 6 Amount (\$) 325 | 7 Payee address; City; State; Zip Code |
|----------------------|--|

| | | |
|------------------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (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 11-17-16 | Payee name Ultimate Capable |
|------------------|--------------------------------|

| | |
|---------------------|--|
| Amount (\$) 5617 | Payee address; City; State; Zip Code Hudson Oaks TX |
|---------------------|--|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | 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 12-1-16 | Payee name Facebook |
|-----------------|------------------------|

| | |
|---------------------|--------------------------------------|
| Amount (\$) 1000 | Payee address; City; State; Zip Code |
|---------------------|--------------------------------------|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | 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 |
|---|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

12/12

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 12-9-16 | | 5 Payee name Cart Iron (Restaurant) | | | |
| 6 Amount (\$) 1853 | | 7 Payee address; City; State; Zip Code | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) | | (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 12-15-16 | | Payee name Usta Print | | | |
| Amount (\$) 195.46 | | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) | | 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 | | Payee name | | | |
| Amount (\$) | | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) | | 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 | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED