

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT CITY SECRETARY

FORM C/OH COVER SHEET PG 1

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

SUFFIX

BIVEN

**4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS**

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

5913 McKaskle 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

Ms.

FIRST

ROY

W.

NICKNAME

LAST

SUFFIX

BIVEN

**7 CAMPAIGN
TREASURER
ADDRESS
(residence or business)**

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

2437 Stephen Lee Dr. Ft 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 OFFICES 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 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

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 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)

\$

7110⁰⁰EXPENDITURE
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

3042.39

CONTRIBUTION
BALANCE

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

\$

9851.50

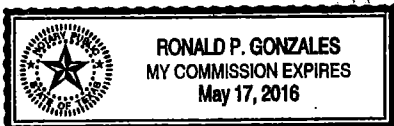
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

0

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 1st day of May, 20 15, 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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

1/1

2 FILER NAME

Gyna M. Bwens

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4-22-15

5 Full name of contributor

James Schnell

☐ out-of-state PAC (ID#)

6 Contributor address; City; State; Zip Code

901 Fortworth Club Bldg
Fort TX 76102

7 Amount of contribution (\$)

250.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/1/15

Full name of contributor

Denise Khaw

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

4321 Cartagena Fort TX

Amount of contribution (\$)

10.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-30-15

Full name of contributor

Cynthia Bollin

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

4717 Norma Fort TX 7603

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/21/15

Full name of contributor

Timothy Fled

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

3045 Lackland Rd
Fort TX 76116

Amount of contribution (\$)

2500.01

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/30

Full name of contributor

Hammerd NAU

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

100 E. 15th
FW TX 76102

Amount of contribution (\$)

7500

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2/9

2 FILER NAME

GUNA M. Bwens

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3-22-15

5 Full name of contributor

☐ out-of-state PAC (ID#)

Michele M. Gregor

6 Contributor address; City; State; Zip Code

920 Highwood Tr. FWTX

7 Amount of contribution (\$)

200

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4-9-15

Full name of contributor

☐ out-of-state PAC (ID#)

B. J. Hester Family Limited Partn.

Contributor address; City; State; Zip Code

2320 Oaklands FWTX 76103

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/9/15

Full name of contributor

☐ out-of-state PAC (ID#)

Michael & Marilyn Berry

Contributor address; City; State; Zip Code

6217 Genoa Rd
FWTX 76116

Amount of contribution (\$)

250⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/17/15

Full name of contributor

☐ out-of-state PAC (ID#)

Nancy G. Rosi Jones

Contributor address; City; State; Zip Code

1816 Hullcrest
FWTX 76107

Amount of contribution (\$)

108⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/16/15

Full name of contributor

☐ out-of-state PAC (ID#)

Lee Christie

Contributor address; City; State; Zip Code

306 W. 2th
FWTX 76102

Amount of contribution (\$)

250⁰⁰

In-kind contribution description (if applicable)

(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:

3/4

2 FILER NAME

Gunn M. Bwens

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/15/15

5 Full name of contributor

☐ out-of-state PAC (ID#)

Greater F.W. Assoc. of Realtors
Realtors

6 Contributor address; City; State; Zip Code

2650 Parkview Dr
Ft Worth TX 76102

7 Amount of contribution (\$)

1000

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/10/15

Full name of contributor

☐ out-of-state PAC (ID#)

Reynolds Asphalt

Contributor address; City; State; Zip Code

P.O. 370
Ft Worth TX

Amount of contribution (\$)

500

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/15/15

Full name of contributor

☐ out-of-state PAC (ID#)

Beth Price Candy

Contributor address; City; State; Zip Code

P.O. 100068
Ft Worth TX 76185

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/26

Full name of contributor

☐ out-of-state PAC (ID#)

Jamel Oliver

Contributor address; City; State; Zip Code

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/13/15

Full name of contributor

☐ out-of-state PAC (ID#)

Kasey Pipes

Contributor address; City; State; Zip Code

Pay Pay

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

4/4

2 FILER NAME

Steve M. Owens

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/5/15

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Daniel Fox

6 Contributor address; City; State; Zip Code

Pay Pal

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/5/15

Full name of contributor

☐ out-of-state PAC (ID# _____)

William Henderson

Contributor address; City; State; Zip Code

Pay Pal

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-15-15

Full name of contributor

☐ out-of-state PAC (ID# _____)

Servicio Ciudadano Community Group

Contributor address; City; State; Zip Code

4932 Wilshire
FWTX 76119

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

Advertising Expense
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: 1/16 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)

4 Date 4-22-15 5 Payee name Murphy, Nassia

6 Amount (\$) 250 7 Payee address; City; State; Zip Code 45 Brazos Austin TX

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) Consulting (b) Description (If travel outside of Texas, complete Schedule T) ☐ 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 4-22-15 Payee name Curtiss Signbarr

Amount (\$) 411.36 Payee address; City; State; Zip Code 5512 Mitchelldale Houston

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) marketing Description (If travel outside of Texas, complete Schedule T) ☐ Check if Austin, TX, officeholder living expense

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

Date 4-20-15 Payee name Home Depot

Amount (\$) 45.79 Payee address; City; State; Zip Code 1151 Bridgewood F.W. TX

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Advertising equipment Description (If travel outside of Texas, complete Schedule T) ☐ Check if Austin, TX, officeholder living expense

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

Date 4-14-15 Payee name Angie Solomon

Amount (\$) 2166.71 Payee address; City; State; Zip Code 417 N.E. Green Oaks Arlington, TX

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Consulting Description (If travel outside of Texas, complete Schedule T) ☐ 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****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>2/6</u>		2 FILER NAME <u>Bruna M. Bwens</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>4-30-15</u>		5 Payee name <u>Murphy Nassica</u>			
6 Amount (\$) <u>5331.69</u>		7 Payee address; City; State; Zip Code <u>815-A Brazos Austin 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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <u>4/27/15</u>		Payee name <u>Custom Banner</u>			
Amount (\$) <u>41.48</u>		Payee address; City; State; Zip Code <u>5512 Mitchell St Houston TX 77092</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Other</u>		Description (If travel outside of Texas, complete Schedule T) <u>H-wires</u> <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 <u>4/23/15</u>		Payee name <u>Murphy Nassica</u>			
Amount (\$) <u>9331.69</u>		Payee address; City; State; Zip Code <u>815-A Brazos Austin, TX</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Consulting</u>		Description (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 <u>4-23-15</u>		Payee name <u>Murphy Nassica</u>			
Amount (\$) <u>1060</u>		Payee address; City; State; Zip Code <u>Brazos, Austin TX</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Consulting</u>		Description (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

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: 3/6 2 FILER NAME GYNNA RIVEN 3 ACCOUNT # (Ethics Commission Filers)

4 Date 3-30-15 5 Payee name Angie Solomon

6 Amount (\$) \$500 7 Payee address; City; State; Zip Code Angie Solomon N.E. Green Oaks - Arlington

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) Consulting (b) Description (If travel outside of Texas, complete Schedule T) ☐ Check if Austin, TX, officeholder living expense

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

Date 4-16-15 Payee name Jim Ferrell Alumni

Amount (\$) 100 Payee address; City; State; Zip Code Fort Worth TX

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Advertising Description (If travel outside of Texas, complete Schedule T) ☐ Check if Austin, TX, officeholder living expense

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

Date 4-1-15 Payee name Jonathan Morrison

Amount (\$) 250.00 Payee address; City; State; Zip Code 1415 Carver St. Ft. Worth TX 76112

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Pol. Travel Expense Description (If travel outside of Texas, complete Schedule T) ☐ Check if Austin, TX, officeholder living expense

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

Date 4-27-15 Payee name United States Postal USPS

Amount (\$) 64.00 Payee address; City; State; Zip Code Ft. Worth TX

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Advertising Description (If travel outside of Texas, complete Schedule T) ☐ Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4/6 2 FILER NAME Burns Owens 3 ACCOUNT # (Ethics Commission Filers)

4 Date 4-28-15 5 Payee name Wendell Cary

6 Amount (\$) 2100.00 7 Payee address; City; State; Zip Code 2129 Ridgewood

8 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) other
☐ 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 4-2-15 Payee name Custom Banner

Amount (\$) 406.12 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)
☐ Check if Austin, TX, officeholder living expense

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

Date 4-2-15 Payee name Murphy Wacker

Amount (\$) 9840.00 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)
☐ Check if Austin, TX, officeholder living expense

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

Date 4-2-15 Payee name Poultshire Bank

Amount (\$) 20 Payee address; City; State; Zip Code Tyler TX

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Fees Description (If travel outside of Texas, complete Schedule T) BANK
☐ 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****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: **5/6** **2** FILER NAME **3** ACCOUNT # (Ethics Commission Filers)

4 Date **4/11/15** **5** Payee name **Women of Achievement**

6 Amount (\$) **6500** **7** Payee address; City; State; Zip Code **Ft Worth TX**

8 **PURPOSE OF EXPENDITURE** **(a)** Category (See categories listed at the top of this schedule) **Scholarship** **(b)** Description (If travel outside of Texas, complete Schedule T)
☐ 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 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)
☐ 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 (If travel outside of Texas, complete Schedule T)
☐ 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 (If travel outside of Texas, complete Schedule T)
☐ 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****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: 6/6	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 3-31-15	5 Payee name Home Depot
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6 Amount (\$) 125.23	7 Payee address; City; State; Zip Code 1151 Bridgeport Fort Worth TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other (Supplier)	(b) Description (If travel outside of Texas, complete Schedule T) Tape & Ties to hold signs <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-9	Payee name Print Master
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Amount (\$) 113.66	Payee address; City; State; Zip Code 4076 E. Lancaster Fw TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) T-shirts & caps <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-9	Payee name United States Postal Service
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Amount (\$) 29.46	Payee address; City; State; Zip Code F.W. TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3-31	Payee name Miscellaneous for water, food, tape, ties
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Amount (\$) 1.00	Payee address; City; State; Zip Code 5913 Mc Kerkle Dr Fw TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Supplies	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED