

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

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

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

1 Filer ID (Ethics Commission Filero)

2 Total pages filed: **12**

3 CANDIDATE / OFFICEHOLDER NAME

(MS) / MRS / MR FIRST MI  
**G YNA M**  
NICKNAME LAST SUFFIX  
**BIVENS**

**OFFICE USE ONLY**

Date Received



Date Hand-delivered or Date Postmarked

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
**5913 MCKASKLE  
FORT WORTH, TX 76119**

Change of Address

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  
**1701 CARVERLY  
FORT WORTH, TX 76112**

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  
**3 / 26 / 2019**    THROUGH    **4 / 26 / 2019**

11 ELECTION

ELECTION DATE    ELECTION TYPE

Month Day Year     Primary     Runoff     Other Description

**May / 4 / 2019**     General     Special

12 OFFICE

OFFICE HELD (if any)  
**COUNCILMEMBER**

13 OFFICE SOUGHT (if known)

**COUNCILMEMBER**

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Gyna M Bivens 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

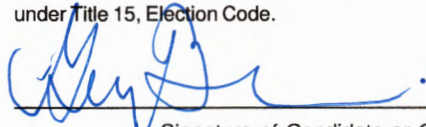
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO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

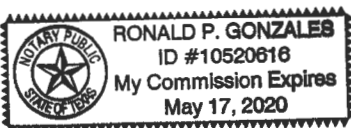
<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 19,400 <sup>00</sup>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 20,838 <sup>81</sup>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 11,437 <sup>99</sup>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -

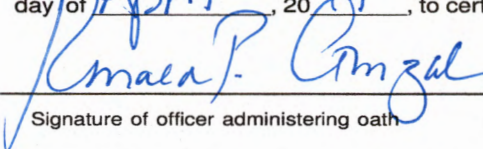
18 AFFIDAVIT

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.

  
Signature of Candidate or Officeholder

  
AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Gyna M. Bivens, this the 26th day of April, 2019, to certify which, witness my hand and seal of office.

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

# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3**

19 FILER NAME <i>GYNA M BIVENS</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 18400 <sup>00</sup>
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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 20,838 <sup>81</sup>
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: 1 of 5

2 FILER NAME Gyna M Bivens

3 Filer ID (Ethics Commission Filers)

4 Date 4-2-19

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
CHRISTENE MOSS

7 Amount of contribution (\$) 500<sup>00</sup>

6 Contributor address; City; State; Zip Code  
5625 EISENHOWER, FW, TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date 4-2-19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
MARC + TONYA VEASEY

Amount of contribution (\$) 100<sup>00</sup>

Contributor address; City; State; Zip Code  
Box 11296, FW, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 4-2-19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
SCOTT + THERESA WILLINGHAM

Amount of contribution (\$) 100<sup>00</sup>

Contributor address; City; State; Zip Code  
737 NEWPORT, FW TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 4-2-19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
BEARD'S TOWING

Amount of contribution (\$) 2000<sup>00</sup>

Contributor address; City; State; Zip Code  
Box 737 KENNEDALE TX

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 of 5

2 FILER NAME

Gyna M BIVENS

3 Filer ID (Ethics Commission Filers)

4 Date

4-4-19

5 Full name of contributor

TIM FLEET

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

2500<sup>00</sup>

6 Contributor address; City; State; Zip Code

3045 LACKLAND FW TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-4-19

Full name of contributor

APT. ASSN. OF TARRANT County

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

2500<sup>00</sup>

Contributor address; City; State; Zip Code

6350 BAKER BLVD NRH TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-10-19

Full name of contributor

DAN LOWRANCE

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

1000<sup>00</sup>

Contributor address; City; State; Zip Code

2008 FOUR DARS LN. FW TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-18-19

Full name of contributor

LOUISE APPLEMAN

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100<sup>00</sup>

Contributor address; City; State; Zip Code

3855 BELLAIRE FW TX 76109

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: <u>3 of 5</u>
2 FILER NAME <u>GYNA M BIVENS</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>4-18-19</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>JOE PANIAGUA</u> 6 Contributor address; City; State; Zip Code <u>8125 MOUNT SHASTA</u>	7 Amount of contribution (\$) <u>200<sup>00</sup></u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>4-18-19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>GFWREC - GREATER FORT WORTH REAL ESTATE COUNCIL</u> Contributor address; City; State; Zip Code <u>777 MAIN ST. FW TX 76102</u>	Amount of contribution (\$) <u>1000<sup>00</sup></u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>4-18-19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>UNDERGROUND CIGAR SHOP</u> Contributor address; City; State; Zip Code <u>3129 ERIE ST</u>	Amount of contribution (\$) <u>200<sup>00</sup></u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>4-23-19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>KENNETH L. BARR</u> Contributor address; City; State; Zip Code <u>3101 AVONDALE, FW, TX 76109</u>	Amount of contribution (\$) <u>150<sup>00</sup></u>
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>4 of 5</i>
2 FILER NAME <i>GYNA M. BIVENS</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4-23-19</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MARLON ROLLINS</i>	7 Amount of contribution (\$) <i>500<sup>00</sup></i>
6 Contributor address; City; State; Zip Code <i>6209 MANHATTAN FW TX</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4-23-19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MARLON ROLLINS</i>	Amount of contribution (\$) <i>500<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>6209 MANHATTAN FW TX</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4-23-19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>KEN + CARLA NEWELL</i>	Amount of contribution (\$) <i>5000<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>5101 CLIFFROSE, FW, TX 76109</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4-24-19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LINEBARGER GOGGINS BLAIR + Sampson</i>	Amount of contribution (\$) <i>2500<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>100 THROCKMORTON, FW TX</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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5 of 5

2 FILER NAME

Gyna M Bivens

3 Filer ID (Ethics Commission Filers)

4 Date

4-2-19

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

PSEL PAC

7 Amount of contribution (\$)

500<sup>00</sup>-

6 Contributor address;

City; State; Zip Code

201 MAIN ST. FW TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-2-19

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

GOOD GOVT. FUNDS

Amount of contribution (\$)

500<sup>00</sup>-

Contributor address;

City; State; Zip Code

200 MAIN ST, FW TX

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 (\$)

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 (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# 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	\$
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	\$
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	\$

# 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.

<b>1</b> Total pages Schedule F1: 1 of 4	<b>2</b> FILER NAME GYNIA BIVENS	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3-27-19	<b>5</b> Payee name MURPHY NASICA	
<b>6</b> Amount (\$) 227 33	<b>7</b> Payee address; City, State; Zip Code BRAZOS ST AUSTIN TX	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) CONSULTING	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 3-27-19	Payee name
Amount (\$) 93 5630	Payee address; City; State; Zip Code MURPHY NASICA BRAZOS ST, AUSTIN TX

<b>PURPOSE OF EXPENDITURE</b>	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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-2-19	Payee name CHRIST CENTER CD
Amount (\$) 50 <sup>00</sup>	Payee address; City; State; Zip Code

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) CHURCH CONTRIBUTION	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES 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.

<b>1</b> Total pages Schedule F1: 3 of 4	<b>2</b> FILER NAME GYNIA M BIVENS	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4-10-19	<b>5</b> Payee name Horachyle Durdale	
<b>6</b> Amount (\$) 100 <sup>00</sup>	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  LABOR	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name                      Office sought                      Office held	
Date 4-8-19	Payee name Michael Fletcher	
Amount (\$) 80	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  LABOR	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 4-5-19	Payee name E. Fort Worth Business	
Amount (\$) 15	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  LUNCHEON	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**

# 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.

<b>1</b> Total pages Schedule F1: 4 of 4	<b>2</b> FILER NAME GYNA M BIVENS	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4-11-19	<b>5</b> Payee name MURPHY NASICA	
<b>6</b> Amount (\$) 4246 <sup>40</sup>	<b>7</b> Payee address; City; State; Zip Code BRAZOS ST, AUSTIN, TX	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) CONSULTING	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date 4-11-19	Payee name MURPHY NASICA	
Amount (\$) 8516 <sup>67</sup>	Payee address; City; State; Zip Code BRAZOS ST AUSTIN TX	
<b>PURPOSE OF EXPENDITURE</b>	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: _____	

Date 4-4-19	Payee name MURPHY NASICA	
Amount (\$) 1000 <sup>00</sup>	Payee address; City; State; Zip Code BRAZOS ST AUSTIN TX	
<b>PURPOSE OF EXPENDITURE</b>	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

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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.

<b>1</b> Total pages Schedule G: 2 of 4	<b>2</b> FILER NAME GYNA M BIVENS	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4-4-19	<b>5</b> Payee name MURPHY NASICA	
<b>6</b> Amount (\$) 739.48 <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) CONSULTING	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 4-3-19	Payee name United States Postal	
Amount (\$) 33.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) POSTAGE	(b) 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 Apr 3	Payee name Melanie Bivens	
Amount (\$) 200 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (Reimbursement)	(b) 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