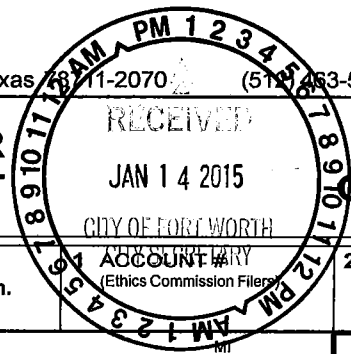


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1



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

2 Total pages filed:

24

OFFICE USE ONLY

Date Received

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

Date Hand-delivered or Postmarked

Receipt #

Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

NICKNAME

LAST

SUFFIX

MS GUNA M
Bivens

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

change of address

5913 McKaskle
Fort Worth TX 76119

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 4467454

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mr Roy W
Bivens Jr

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

2437 Stephen Lee Dr
Fw TX 76114

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 9861772

9 REPORT TYPE

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

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
7/1/14 12/31/14

11 ELECTION

ELECTION DATE ELECTION TYPE

Month Day Year Primary Runoff General Special

7/1/14

12 OFFICE

OFFICE HELD (if any)
City Council Dist 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 Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

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

\$ 120⁰⁰

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

\$ 20665⁰⁰

EXPENDITURE
TOTALS

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

\$ 1106.11

4. TOTAL POLITICAL EXPENDITURES

\$ 5581.11

CONTRIBUTION
BALANCE

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

\$ 17850.91

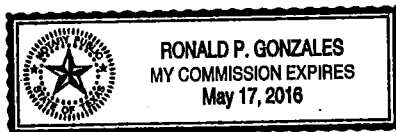
OUTSTANDING
LOAN TOTALS

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 15th day of January, 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: 11	
2 FILER NAME Gyna M. Bivens		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)	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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/10/14	Tobi Jackson 2108 Yosemite Ct. F.W. TX 76112	50⁰⁰	
		(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#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/10/14	Thomas or Sammie Leves 2209 Lucas Dr. FW TX 76112	25⁰⁰	
		(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#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/10/14	Grace Rhoden 2729 Handley Dr. FW. TX 76112	5⁰⁰	
		(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#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/10/14	Tracey T.C. Butler 1140 Fox River Ln. FW TX 76120	100⁰⁰	
		(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 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/10/14

Joseph Courtney Quinosa
Contributor address; City; State; Zip Code
1801 Grand Ave.
E.W. TX 76106

100⁰⁰

(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#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/10/14

Victor Garcia LINDA Garcia
Contributor address; City; State; Zip Code
11901 Blue Creek Dr. Abledo, TX 76008

100⁰⁰

(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#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/10/14

Henry or MIA BAKER
Contributor address; City; State; Zip Code
958 E. Terrell FtW TX 76104

100⁰⁰

(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#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/10/14

C Donald & Sheila Babers
Contributor address; City; State; Zip Code
7500 Monterrey
E W TX 76112

150⁰⁰

(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 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/1/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) F.W. Firefighters Committee	7 Amount of contribution (\$) 2500 ⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3855 Tulsa Way F.W. TX 76107		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9/29/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lineberger Gagan Bkin	Amount of contribution (\$) 1000 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 17428 Austin TX 78766		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/27/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARITA LEONARD	Amount of contribution (\$) 100 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1411 Shady Oaks Ln FW TX 76107		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/10/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TIEGA R. Leggett	Amount of contribution (\$) 50 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 572 Keble Crowley TX 76036-4116		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/10/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glenda Thompson	Amount of contribution (\$) 50 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7413 Arbor Hill FW TX 76120		(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:	
2 FILER NAME <i>GUNA M. BLWENS</i>			3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	6 Contributor address; City; State; Zip Code			
			(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)			10 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)	
<i>10/10/14</i>	<i>Isolina & Randole Howard</i> Contributor address; City; State; Zip Code <i>3863 S. Fwy Fwy TX 76110</i>	<i>100⁰⁰</i>		
			(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)	
<i>10/11/14</i>	<i>Mr. or Mrs William Ingram</i> Contributor address; City; State; Zip Code <i>5512 Eisenhower Dr Fwy TX 76112</i>	<i>25</i>		
			(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)	
<i>10/10/14</i>	<i>Ray Barnes</i> Contributor address; City; State; Zip Code <i>3129 Handley Dr. Fwy TX 76112</i>	<i>200⁰⁰</i>		
			(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)	
<i>10/10/14</i>	<i>Mary McCray</i> Contributor address; City; State; Zip Code <i>6009 MACEOLA Fwy TX 76115</i>	<i>40⁰⁰</i>		
			(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:	
2 FILER NAME <i>GUNA M. BLUER</i>			3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>09/23/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gary & Judelle Haverer</i>	7 Amount of contribution (\$) <i>200⁰⁰</i>	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code <i>P.O. Box 121969</i>		(If travel outside of Texas, complete Schedule T)		
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)		
Date <i>10/12/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Shannon Fletcher</i>	Amount of contribution (\$) <i>75⁰⁰</i>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <i>5816 Levellana Dr FWTX 76107</i>		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date <i>10/10/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mary K. Greg Husher</i>	Amount of contribution (\$) <i>100</i>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <i>2544 Stadium FWTX 76109</i>		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date <i>10/10/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jewell Kelly</i>	Amount of contribution (\$) <i>250⁰⁰</i>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <i>1804 S. Edgewood Terr. FWTX 76105</i>		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date <i>10/30/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lester & Ida Beene</i>	Amount of contribution (\$) <i>50⁰⁰</i>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <i>1601 Meadowlane Terr FWTX 76112</i>		(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 FILER NAME

Gunn M. Biver

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/11/14

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

Sandra McGlothlin
6 Contributor address; City; State; Zip Code

5301 Sun Valley Drive

7 Amount of contribution (\$)

\$1,000

6.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/10/14

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

Ken Newell
Contributor address; City; State; Zip Code

6000 LANTANA LANE
FW TX 76112

Amount of contribution (\$)

1500

0.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/12/14

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

Deborah Jennings Gwen Barber
Contributor address; City; State; Zip Code

4551 Parkwood Dr
Forest Hill TX 76140

Amount of contribution (\$)

70.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/23/14

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

Gary Terry
Contributor address; City; State; Zip Code

117 Shady Lake Ct,
Hurst, TX 76054

Amount of contribution (\$)

50.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/15/14

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

Ann Kendra Zadch
Contributor address; City; State; Zip Code

3408 Harwen Ter
FW TX 76109

Amount of contribution (\$)

50.00

(If travel outside of Texas, complete Schedule T)

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 FILER NAME <i>Gyna M. Buens</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>10/29/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Committee for Public Safety F.W. Police Officers</i>	7 Amount of contribution (\$) <i>5000⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>904 Collier FW TX 76102</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>10/27/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kenneth L. Barr</i>	Amount of contribution (\$) <i>150⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3601 Avondale Ave FW TX 76109</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/23/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mehrdad Moayedi</i>	Amount of contribution (\$) <i>1000⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1221 1435E, St 200 Carrollton TX 75006</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/10/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Benefitree Enterprises</i>	Amount of contribution (\$) <i>200⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>910 Currie St. F.W. TX 76107</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>12/1/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Thao Brundrett</i>	Amount of contribution (\$) <i>200⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3901 W. 4th FW TX 76107</i>		(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 FILER NAME Gunn M. Bivens		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/15/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nizam Peerwan 6 Contributor address; City; State; Zip Code P.O. Box 121634 FW TX 76012	7 Amount of contribution (\$) 200 ⁰⁰	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/16/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradley Douglas Construction Contributor address; City; State; Zip Code 5001 Brentwood Star FW TX 76112	Amount of contribution (\$) 300 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/12/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larry Powell Contributor address; City; State; Zip Code 3909 Plum Vista Pl Arlington, TX 76005	Amount of contribution (\$) 100 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/10/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shirley Benton Contributor address; City; State; Zip Code 5901 Eisenhower FW TX 76112	Amount of contribution (\$) 50 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/13/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denise Kahn Contributor address; City; State; Zip Code 4321 Cartagena Dr FW TX 761	Amount of contribution (\$) 50 ⁰⁰	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 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gina M. Blevin</i>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code		
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michael Campbell</i>	Amount of contribution (\$)	In-kind contribution description (if applicable)
<i>10/10/14</i>	Contributor address; City; State; Zip Code <i>5932 Village Course Cir FtW 76116</i>	<i>200⁰⁰</i>	
		(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#: _____) <i>F.W. Retired Firefighter</i>	Amount of contribution (\$)	In-kind contribution description (if applicable)
<i>10/10/14</i>	Contributor address; City; State; Zip Code <i>1617 Tierney Rd Ft TX 76112</i>	<i>500⁰⁰</i>	
		(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#: _____) <i>Wanda Conlin Donald Boren</i>	Amount of contribution (\$)	In-kind contribution description (if applicable)
<i>10/10/14</i>	Contributor address; City; State; Zip Code <i>1755 Martel Ave Ft TX 76103-1418</i>	<i>100⁰⁰</i>	
		(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#: _____) <i>LISA R. Woodard</i>	Amount of contribution (\$)	In-kind contribution description (if applicable)
<i>10/10/14</i>	Contributor address; City; State; Zip Code <i>P.O. Box 15961 Ft TX 76119</i>	<i>100</i>	
		(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

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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 FILER NAME GUNA B WENS		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/30/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MIKE BERRY	7 Amount of contribution (\$) 250⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 6217 Genoa Rd. FW TX 76116		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/14/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROSS CALHOUN	Amount of contribution (\$) 500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3709 SANTIAGO Ct. IRVING TX 75062		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/25/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES AUSTIN	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2017 TEAKWOOD TERRACE 76112		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SPENCER HARRIS	Amount of contribution (\$) 50⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. 210183 DALLAS TX 75211-0183		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/3/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REBEY CARY	Amount of contribution (\$) 50⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1804 Bunche Dr. F.W. TX 76112		(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 FILER NAME <i>Gunn M. Bwens</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>9/17/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Good Government Fund</i>	7 Amount of contribution (\$) <i>2500⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>F.W. TX 761</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>10/10/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tommy White</i>	Amount of contribution (\$) <i>300⁰⁰</i>	In-kind contribution description (if applicable) <i>Photography</i>
Contributor address; City; State; Zip Code <i>15513 Sweetpine Road 76262</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/1/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Holt Hickman</i>	Amount of contribution (\$) <i>1000⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5800 Merrymont Rd. FW TX 76107</i>		(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)	

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 11	2 FILER NAME GUNA M. BUEVERS	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 8-29-14	5 Payee name Dmni American
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6 Amount (\$) 500	7 Payee address; City; State; Zip Code 1320 S. University St 100 FW TX 76107
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) BANKING	(b) Description (If travel outside of Texas, complete Schedule T) <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 9-4-14	Payee name Vistaprint
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Amount (\$) 153.99	Payee address; City; State; Zip Code 95 Hayden Ave Lexington, MASS 02421
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event	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
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Date 9-5-14	Payee name Commissioner Roy C. Brooks
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Amount (\$) 15000	Payee address; City; State; Zip Code 6551 Granbury Rd FW TX 76113
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) contribution	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 9-8-14	Payee name Target
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Amount (\$) 4546	Payee address; City; State; Zip Code 8000 Watauga, TX 76148
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT (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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Gunn M Bivens	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 7-20-14	5 Payee name Tom Higgin Retirement
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6 Amount (\$) 500 ⁰⁰	7 Payee address; City; State; Zip Code Gift Award 1000 Throckmorton Fe TX 76102
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Gift Award	(b) Description (If travel outside of Texas, complete Schedule T) <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 7-31-14	Payee name Omni American
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Amount (\$) 5 ⁰⁰	Payee address; City; State; Zip Code 1320 S. University Fe TX 76107
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Banking	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 Aug-Sept	Payee name FACE BOOK
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Amount (\$) 5592	Payee address; City; State; Zip Code 1601 Willow Park, CA 94025
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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 8-23-14	Payee name USA/Beauty
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Amount (\$) 1747	Payee address; City; State; Zip Code Internet USA
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event	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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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Gunn M Bluen	3 ACCOUNT # (Ethics Commission Filers)
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4 Date Jul-Aug 2014	5 Payee name Facebook
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6 Amount (\$) 48.93	7 Payee address; City; State; Zip Code 1601 Willow Road Menlo Park, CA 94025
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising	(b) Description (If travel outside of Texas, complete Schedule T)
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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 7-3-14	Payee name Smo Keys BBQ
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Amount (\$) 10.49	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food Beverage	Description (If travel outside of Texas, complete Schedule T)
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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 7-14-14	Payee name Albertsons
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Amount (\$) 44.54	Payee address; City; State; Zip Code 850 E Loop P20 FW TX 76112
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contributions Event expense	Description (If travel outside of Texas, complete Schedule T)
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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 7-15-14	Payee name Omni American
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Amount (\$) 6.95	Payee address; City; State; Zip Code 1320 S University Ste. 100 - FW TX 76107
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Banking fee	Description (If travel outside of Texas, complete Schedule T)
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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	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME Gina M Owens		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9-19-14		5 Payee name United States Postal Service			
6 Amount (\$) 9200		7 Payee address; City; State; Zip Code 3128 Handley Fort TX 76112			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other - Postage		(b) Description (If travel outside of Texas, complete Schedule T)		
	Candidate / Officeholder name		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	Office sought	Office held
9 Complete ONLY if direct expenditure to benefit C/OH					
Date 9-20-14		Payee name Albertsons			
Amount (\$) 3680		Payee address; City; State; Zip Code 850-820 Fort Worth TX			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fundraising Expense		Description (If travel outside of Texas, complete Schedule T)		
	Candidate / Officeholder name		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/OH					
Date 9-22-14		Payee name Wingstop			
Amount (\$) 3228		Payee address; City; State; Zip Code 1801 Eastchase Fort Worth TX			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food		Description (If travel outside of Texas, complete Schedule T)		
	Candidate / Officeholder name		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/OH					
Date 9-23-14		Payee name Vista Point			
Amount (\$) 4910		Payee address; City; State; Zip Code 95 Handen Lexington, MASS 02421			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fundraising		Description (If travel outside of Texas, complete Schedule T)		
	Candidate / Officeholder name		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/OH					

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Gina M. Buens	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 9-13-14	5 Payee name Facebook
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6 Amount (\$) 6.99	7 Payee address; City; State; Zip Code 1601 Willow Road Menlo Park, CA 94025
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising	(b) Description (If travel outside of Texas, complete Schedule T) <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 9-14-14	Payee name Vista Print
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Amount (\$) 71.62	Payee address; City; State; Zip Code 95 Hayden Ave. Lexington, MASS 02421
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) event	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 9-15-14	Payee name Omni American
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Amount (\$) 6.95	Payee address; City; State; Zip Code 1320 S. University #100 FW TX 76607
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Banking	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 9-18-14	Payee name William McChubb
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Amount (\$) 53.17	Payee address; City; State; Zip Code Hay 73 Hudson Oaks TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Polling expense	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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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Gina M Blevins	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10-7-1	5 Payee name Chase Bank
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6 Amount (\$) 25 ⁰⁰	7 Payee address; City; State; Zip Code 5900 RAMEY FW TX 76119
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Transportation	(b) Description (If travel outside of Texas, complete Schedule T) <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 11-18-14	Payee name Omni American
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Amount (\$) 6.95	Payee address; City; State; Zip Code 1320 S. University FW TX 76107
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Banking	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 11-19-14	Payee name CFW parking
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Amount (\$) 3.75	Payee address; City; State; Zip Code 1000 Throckmorton
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Travel	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 11-28-14	Payee name Omni American
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Amount (\$) 5.00	Payee address; City; State; Zip Code 1320 S. University FW TX 76107
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Banking	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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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME STINA RIVERS	3 ACCOUNT # (Ethics Commission Filers)			
4 Date 10-20-14	5 Payee name DMMI AMERICAN				
6 Amount (\$) 695	7 Payee address; City; State; Zip Code 1320 S. University Fwtx 76107				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Banking	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete ONLY if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 10-20-14	Payee name Dunbar Alumni				
Amount (\$) 2500	Payee address; City; State; Zip Code 5700 Ramey Fwtx 76105				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete ONLY if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 10-20-14	Payee name Dunbar Alumni				
Amount (\$) 2000	Payee address; City; State; Zip Code 5700 Ramey Fwtx 76105				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) event	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete ONLY if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 10-24-14	Payee name Mount Olive Missionary Baptist Church				
Amount (\$) 5000	Payee address; City; State; Zip Code 2944 EVAN AVE. Fwtx 76104				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) event	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete ONLY if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 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	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	OTHER (enter a category not listed above)
Fees	Printing Expense	Office Overhead/Rental Expense	

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME <i>Gina Bwens</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>4-25-14</i>		5 Payee name <i>The Dock</i>			
6 Amount (\$) <i>30⁰⁰</i>		7 Payee address; City; State; Zip Code <i>6637 Meadowbrook Fu TX 76112</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Advertising</i>		(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 <i>9-30-14</i>		Payee name <i>Omni American</i>			
Amount (\$) <i>5⁰⁰</i>		Payee address; City; State; Zip Code <i>1320 S. University #100 Fu TX 76107</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Banking</i>		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 <i>10-14-14</i>		Payee name <i>Finis Smith</i>			
Amount (\$) <i>125⁰⁰</i>		Payee address; City; State; Zip Code <i>F.W. TX 76103</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Fundraising (Music)</i>		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 <i>10-16-14</i>		Payee name <i>Parking Company of America</i>			
Amount (\$) <i>8⁰⁰</i>		Payee address; City; State; Zip Code <i>560 Lamar Dallas TX</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Travel</i>		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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME SUNA M. BIVENS	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10-24-14	5 Payee name Wendy Davis Campaign	
6 Amount (\$) 500	7 Payee address; City; State; Zip Code ,	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contribution	(b) Description (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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10-28-14	Payee name Potters House Fort Worth	
Amount (\$) 100 ⁰⁰	Payee address; City; State; Zip Code 1270 Woodhaven Ft Worth TX 76103	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) gift	Description (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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10-30-14	Payee name Woodhaven Country Club	
Amount (\$) 1000 ⁰⁰	Payee address; City; State; Zip Code 913 Country Club Lane F.W. TX 76112	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fundraising Expense	Description (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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10-31-14	Payee name Omni	
Amount (\$) 500	Payee address; City; State; Zip Code 1320 S. University Fw TX 76107	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Banking	Description (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 <u>ONLY</u> if direct expenditure to benefit C/OH		
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME GUNA M. BWEANG	3 ACCOUNT # (Ethics Commission Filers)
4 Date 12-16-54	5 Payee name F.W. Firefighters Association	
6 Amount (\$) 2500	7 Payee address; City; State; Zip Code 3855 Tulra Way F.W. TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Return of #	(b) Description (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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12-13-14	Payee name Donni American	
Amount (\$) 500	Payee address; City; State; Zip Code 1320 S. University Ave TX 76107	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Banking	Description (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 <u>ONLY</u> if direct expenditure to benefit C/OH		
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
	Candidate / Officeholder name	Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
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
	Candidate / Officeholder name	Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>Gina Bwens</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>9-8-14</i>	5 Payee name <i>Dixie House</i>
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6 Amount (\$) <i>11.15</i>	7 Payee address; City; State; Zip Code <i>E. Lancaster Fl TX</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Food</i>	(b) Description (If travel outside of Texas, complete Schedule T) <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 <i>9-9-14</i>	Payee name <i>Golden Gate Church of God in Christ</i>
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Amount (\$) <i>50.00</i>	Payee address; City; State; Zip Code <i>Wilbarge Fl TX 76119</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>event</i>	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 <i>9-11-14</i>	Payee name <i>Ann Zadeh</i>
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Amount (\$) <i>100</i>	Payee address; City; State; Zip Code <i>1000 Throckmorton Fl TX 76102</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>CONTRIBUTION</i>	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 <i>9-12-14</i>	Payee name <i>Shell Grove Station</i>
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Amount (\$) <i>50.65</i>	Payee address; City; State; Zip Code <i>E. Lancaster</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Travel</i>	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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