CANDIDAT	TE / OFFICEHOLDE	R	The second secon	FORM C/OH
CAMPAIGI	N FINANCE REPOR	Т	OFFICIAL RECORD	COVER SHEET PG 1
The C/OH Instruction	Guide explains how to complete t	his form. 1 Fil	FT. WORTH, TX	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	Charles and the control of the contr	RST ⁄na	MI	OFFICE USE ONLY Date Received RECEIVED
	NICKNAME LA Biv	ST /ens	SUFFIX	CITY OF FORT WORTH
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SU 5913 McKaskle Drive	ITE#; CITY;	ZIP CODE	Date Hand-deliveren or Date Rosmarked Receipt # Amount
Change of Address	Fort Worth, TX 76119			Date Processed Date Imaged
5 CAMPAIGN TREASURER NAME	MS/MRS/MR	ST DY	W. MI	
	NICKNAME LAS	vens	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX	PLEASE); / NO.	APT/SUITE#; CITY	; STATE; ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NU			,
8 REPORT TYPE		Oth day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR)
9 PERIOD COVERED	Month Day Year 03/28/2017	THROUGH	Month Day H 04/26/201	Year 1.7
LO ELECTION	ELECTION DATE Month Day Year 05/06/2017	Primary X General	ELECTION TYPE Runoff Special	Other
11 OFFICE	OFFICE HELD (if any) City Council District 5 District 5	•	12 OFFICE SOUGHT	(if known)
		GO TO PAG	GE 2	
orms provided by Tex	cas Ethics Commission	www.ethics.sta	te.tx.us	Version V1.0.1321

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH **COVER SHEET PG 2**

2 of 10

13 C / OH NAME	Bivens, Gyna		14 Filer ID	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditur These expenditures may have been made without the d officeholders are required to report this information	the candidate's or officeh	nolder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEL ABBILLES		
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS	S	
16 CONTRIBUTION TOTALS	LOANS, OR GUA	AL CONTRIBUTIONS OF \$50 OR LESS (OTHER TI ARANTEES OF LOANS), UNLESS ITEMIZED	HAN PLEDGES,	\$ 0.00
	2. TOTAL POLITIC (OTHER THAN F	i)	\$ 6,330.00	
EXPENDITURE TOTALS	3. TOTAL POLITICA	ITEMIZED	\$ 0.00	
	4. TOTAL POLITIC		\$ 8,044.52	
CONTRIBUTION BALANCE	5. TOTAL POLITICA REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA RIOD	AST DAY OF THE	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP. OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS C TING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFADAVIT				
I SE COM	MARY J. KAYSER ary Public, State of Texas mm. Expires 01-11-2021 Notary ID 3896065	Hen Drew		be reported by me
AFFIX NOT	TARY STAMP / SEAL ABO	DVE		
Sworn to and subsc	cribed before me, by the sa	aid berna burns	, this the28/4	day
of Cepul	0 5	ertify which, witness my hand and seal of office.		
Signature of office	er administering	MARYSKAWSER Printed name of officer administering	Title of officer a	dministering oath
	ves Ethics Commission	way othics state ty us		Version V1 0 1321

SUBTOTALS - C/OH FORM C/OH COVER SHEET PG 3 3 of 10

				OVER O	3 of 10
	ER NAM ens, G		19 Filer ID		
		E SUBTOTALS SCHEDULE		SUBT	OTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	6,330.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	8,044.52	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this for	rm.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/10	
2	FILER NAME			3	Filer ID	······································
	Bivens, Gyn	a				
4	Date	5 Full name of contributor ut-of-state PAC (ID#:		7	Amount of Contribution (\$)	
	03/28/2017	BellHelicopter Textron Political Action Committee			\$300.00	
		6 Contributor address; City; State; Zip Code PO Box 482				
		Fort Worth, TX 76101				
8	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	,	
-	Date	Full name of contributor)	_	Amount of Contribution (\$)	
	04/04/2017	Duggins, Ralph			.,	\$1,000.00
		Contributor address; City; State; Zip Code				
		600 /w, 6th Street Suite 300				
		Fort Worth, TX 76102				
	Principal occu	pation / Job title (See Instructions))			
	Date Full name of contributor out-of-state PAC (ID#:)				Amount of Contribution (\$)	40 F00 00
	03/28/2017	Greater Fort Worth Association of Realtors				\$2,500.00
		Contributor address; City; State; Zip Code				
		2650 Parkview	Ī			
		Fort Worth, TX 76102				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date	Full name of contributor)		Amount of Contribution (\$)	
	04/24/2017	Greater Fort Worth REal Estate Council PAC				\$1,000.00
		Contributor address; City; State; Zip Code	***************************************			
		777 Main Street				
		Suite 2100				
		Fort Worth, TX 76102	- I (O) I d d d d d			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date	Full name of contributor ut-of-state PAC (ID#:			Amount of Contribution (\$)	
	03/28/2017	Hadley, Mildred (Mrs.)			\$30.00	
		Contributor address; City; State; Zip Code				
		6017 Truman				
		Fort Worth, TX 76112				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	· · · · · · · · · · · · · · · · · · ·	<u> </u>				

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/10
2 FILER NAME Bivens, Gyna	3 Filer ID
	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	The second secon
Date Full name of contributor out-of-state PAC (ID#:) 04/10/2017 Miller, Lorraine Contributor address; City; State; Zip Code 1220 E. Terrell Fort Worth, TX 76104	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date Full name of contributor out-of-state PAC (ID#:) 04/10/2017 Rogers, Elrita Contributor address; City; State; Zip Code 2308 Jensin /curcke Fort Worth, TX 76112	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date Full name of contributor out-of-state PAC (ID#:) 04/17/2017 Romero, Ramon Contributor address; City; State; Zip Code 3320 View Street Fort Worth, TX 76112	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Forms provided by Texas Ethics Commission www.ethics.state.tx.us	Version V1.0.1321

www.ethics.state.tx.us

Forms provided by Texas Ethics Commission

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide expla			Contract Labor ete this form.		OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	ΛΕ			<u> </u>	3	Filer ID	
	Sch: 1/5 Rpt: 6/10	Bivens, Gy						a de la companya del companya de la companya del companya de la co	
4	Date	5 Payee name							
	04/24/2017	Drisdele, H	-toracylle						
6	Amount (\$)	7 Payee addr	ress; City; S	State; Zip Co	ode		-		
	\$300.00	4958 Ande	erson Drive						
	,								
			n, TX 76112		<u> </u>			47-144	
8	PURPOSE OF	i	(See Categories listed at the top of thi	is schedule)	(b)	Description	· +eir	· Campioto Cohadula T	
	EXPENDITURE	Consulting	Expense	!		<u></u>		de of Texas, Complete Schedule T. officeholder living expense	
	!			1	Ì	Telephone Sta			
	Ţ					-		•	
9			fficeholder name	Office sou	ıght			Office held	
	expenditure to benefit C/OI	Н							
Γ	Date	Payee name	е				_		
	04/03/2017	GSPCusto	omSignBanner						
Г	Amount (\$)	Payee addre	ress; City; S	State; Zip Co	ode		_		
	\$1,290.31	1804 Afton	ı Street						
	!								
		Houston, T	TX 77092						
	PURPOSE		See Categories listed at the top of thi	is schedule)	(b)	Description		- be salestate T	
	OF EXPENDITURE	Advertising	j Expense	ļ		<u></u>		de of Texas, Complete Schedule T. officeholder living expense	;
	1					Signs	175	Miletioide name organise	
						ŭ			
	Complete ONLY if direct		fficeholder name	Office sou	<u>. </u>			Office held	
	expenditure to benefit C/OF								
	Date	Payee name	e						
	04/26/2017	1 -	eadowbrook News						
	Amount (\$)	Payee addre	ess; City; Si	state; Zip Co	ode			***************************************	
	\$200.00								
		-							1
		TX						<u>.</u>	
	PURPOSE	(a) Category (See Categories listed at the top of this	is schedule)	(b)	Description			
İ	OF EXPENDITURE	Advertising				لسا		le of Texas. Complete Schedule T.	1
	LA LIBERTON	1				Check if Austin, 1 Newspaper	ŤΧ, c	officeholder living expense	
						Νονισμαμοι			
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	-aht			Office held	
	expenditure to benefit C/OF		illeriolaer name	Onice soc	ynt			Onice neid	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense
Travel in District Printing Expense
Salaries/Wages/Contract Labor Travel Out of District
OTHER (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 2/5 Rpt: 7/10 Bivens, Gyna 4 Date Payee name 04/25/2017 Microsoft 6 Amount (\$) Payee address; State; Zip Code City; \$108.24 TX **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/26/2017 Murphy Nasica State; Zip Code Payee address; City; Amount (\$) 221 E. 9th Street, Suite 301, \$350.02 Austin, TX 78701 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Advertising Candidate/Officeholder name Office held Complete ONLY if direct Office sought expenditure to benefit C/OH Date Payee name 04/26/2017 Murphy Nasica City; State; Zip Code Amount (\$) Payee address; 221 E. 9th Street, Suite 301, \$4,059.23 Austin, TX 78701 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Advertising & Mailing Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica		ommittee	Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services	ense Prir	olling Expens inting Expen alaries/Wage			Travel in District Travel Out of District OTHER (enter a category not listed above)
	Credit Card Payment			The Instruction Guide		_			·
1	Total pages Schedule F1:	2	FILER NAM	ME				3	Filer ID
	Sch: 3/5 Rpt: 8/10		Bivens, G	iyna 					
4	Date	5	Payee nam	ne					
	04/14/2017	l	Office Dep	pot				_	
6	Amount (\$)	7	Payee addi	iress; City;	State; Zi _l	p Code		-	
	\$165.45		1460 Eas	stchase Parkway					
_			Fort Wortl	h, TX 76120					
8		(a		(See Categories listed at the top		₃₎ (b)) Description		
	OF EXPENDITURE		Office Ove	erhead/Rental Expens	se		<u> </u>		ide of Texas, Complete Schedule T. , officeholder living expense
							Supplies	1, 17,	Officetiolines training expense
	ı						Oupp		
9	Complete ONLY if direct	<u></u>	Candidate/C	Officeholder name	Office	e sought	1	—	Office held
	expenditure to benefit C/OI					-			
	Date	T	Payee nam	ne					
	04/14/2017		Office Dep	pot					
	Amount (\$)		Payee addr	ress; City;	State; Zip	p Code		•	
	\$135.45		1460 East	tchase Parkway					
	1								
	!		Fort Worth	h, TX 76120					
	PURPOSE	(a') Category	(See Categories listed at the top	o of this schedule'	(b)	Description		
	OF EXPENDITURE			erhead/Rental Expens			<u></u>		ide of Texas. Complete Schedule T.
	1						Check if Austin, Supplies	, 1 λ,	officeholder living expense
	!						опрыне		
	Complete ONLY if direct	Ц,	Candidate/C	Officeholder name	Office	e sought		—	Office held
	expenditure to benefit C/OF								
	Date	T	Payee nam	10					
	04/25/2017		Owen, Jan						
	Amount (\$)	\vdash	Payee addr		State; Zip	D Code		_	
	\$180.00		3112 Hand			• -			
			, and the second	,					
	1		Fort Worth	h, TX 76112					
	PURPOSE	╄		(See Categories listed at the top	-f this schedule	(b)	Description	********	
	OF	1	Consulting		OI UIIS SUITURES,		Check if travel o		de of Texas. Complete Schedule T.
	EXPENDITURE) = · · · · · · ·				, TX,	officeholder living expense
							Sign Labor		
	Chill V if direct	<u> </u>			Office				Office held
	Complete ONLY if direct expenditure to benefit C/OF	_	Sandidate/Oi	fficeholder name	Onice	e sought			Опісе пеіа

SCHEDULE F1

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Fees Offic Food/Beverage Expense Pollin by - Gilt/Awards/Memorials Expense Print al Committee Legal Services Salar	Repayment/Reimbursement e Overhead/Rental Expense gg Expense ng Expense ies/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	o complete this form.	
1 Total pages Schedule F1:		3	3 Filer ID
Sch: 4/5 Rpt: 9/10	Bivens, Gyna		
4 Date 04/20/2017	5 Payee name Owen, James		
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip 3112 HandleyDrive	Code	
	Fort Worth, TX 76112		
8 PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule) Consulting Expense	Check if Austin, T	tside of Texas. Complete Schedule T. IX, officeholder living expense ents due to vandalism
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office H	sought	Office held
Date	Payee name		
04/21/2017	Quick Way #5		
Amount (\$)	Payee address; City; State; Zip	Code	
\$22.39	1240 E. Lancaster		
	Fort Worth, TX 76112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	<u> </u>	tside of Texas. Complete Schedule T. X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office : H	sought	Office held
Date	Payee name		
04/22/2017	SignBan		
Amount (\$)	Payee address; City; State; Zip	Code	
\$422.77	1804 Afton Street		
	Houston, TX 77092		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	1 1	side of Texas. Complete Schedule T. K, officeholder living expense agnetS
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office s	sought	Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Exper Legal Services The Instruction Guide	nse Printir Salari		se s/Contract Labor	Travel Out of District OTHER (enter a category not listed above)	
┝	Total pages Schedule F1:	2 FILER NAME					Filer ID	
ľ	Sch: 5/5 Rpt: 10/10						Luei ID	
L	<u> </u>	Bivens, Gyr	ıa					
4	Date	5 Payee name						
	04/26/2017	The Allen G	roup					
6	Amount (\$)	7 Payee addres	ss; City;	State; Zip	Code			
	\$500.00							
		TX						
Ļ					100			
8	PURPOSE OF		e Categories listed at the top	of this schedule)	(D)	Description	side of Texas. Complete Schedule T.	
	EXPENDITURE	Consulting I	-xpense		Ì	l	K, officeholder living expense	
						Consultant . Sta		
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_	Complete ONLY if direct	Candidate/Offic	oholder neme	Office	cought		Office held	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Offic	enolder name	Office s	ougni		Office field	
L								
	Date	Payee name						
	04/03/2017	Ultimate Cu	ocake					
Г	Amount (\$)	Payee addres	s; City;	State; Zip	Code			
	\$210.66	Route 7	•	•				
	,							
		Liudaan Oal	. TV 77002					
	,		rs, TX 77092	**************				
	PURPOSE OF		e Categories listed at the top	of this schedule)	(b)	Description		
	EXPENDITURE	Event Exper	nse				side of Texas. Complete Schedule T. (, officeholder living expense	
							porhood Improvement Strategy	
					İ	Meeting (Depar		
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Offic	eholder name	Office s	ought		Office held	
	expenditure to benefit G/OI							