

OFFICIAL RECORD

CITY SECRETARY

FT. WORTH, TX

CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID	2 Total pages filed: 14	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY Date Received RECEIVED APR - 7 2017 CITY OF FORT WORTH CITY SECRETARY
		Gyna		
	NICKNAME	LAST	SUFFIX	Date Hand-delivered or Data Postmarked
		Bivens		Receipt #
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE	Amount
	5913 McKaskle Drive			Date Processed
	Fort Worth, TX 76119			Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	
	NICKNAME	LAST	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;
			STATE;	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
8 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH-FR)
9 PERIOD COVERED	Month	Day	Year	Month
	01/01/2017	THROUGH	03/27/2017	
10 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month	Day	Year	
				<input type="checkbox"/> Primary
				<input type="checkbox"/> Runoff
				<input type="checkbox"/> Other
				<input checked="" type="checkbox"/> General
				<input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)	
	Place Fort Worth, District 5			

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM C/OH  
COVER SHEET PG 2**  
2 of 14

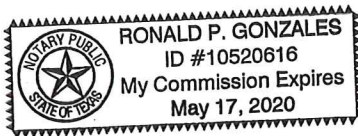
<b>13 C / OH NAME</b> Bivens, Gyna	<b>14 Filer ID</b>
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>
		<b>COMMITTEE ADDRESS</b>
		<b>COMMITTEE CAMPAIGN TREASURER NAME</b>
		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	7,325.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	27.40
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	5,355.21
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

**17 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.



*[Handwritten Signature]*  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Gyna Bivens, this the 7th day of April, 2017, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*      Ronald P. Gonzales      Notary  
Signature of officer administering      Printed name of officer administering      Title of officer administering oath

**SUBTOTALS - C/OH**

<b>18 FILER NAME</b> Bivens, Gyna		<b>19 Filer ID</b>
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7,325.00
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 FROM POLITICAL CONTRIBUTIONS	\$ 5,355.21
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/6 Rpt: 4/14
<b>2</b> FILER NAME Bivens, Gyna		<b>3</b> Filer ID
<b>4</b> Date 03/07/2017	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Austin, James N/Gloria N <hr/> <b>6</b> Contributor address; City; State; Zip Code 2401 Scott Avenue  Fort Worth, TX 76103	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 03/07/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnes, Bertha <hr/> Contributor address; City; State; Zip Code 4450 Burke Rd.  Fort Worth, TX 76119	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/09/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barr, Kenneth (Mr.) <hr/> Contributor address; City; State; Zip Code 3101 Avondale  Fort Worth, TX 76109	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/07/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beckman, Marlene <hr/> Contributor address; City; State; Zip Code 2300 Medford Court East  Fort Worth, TX 76109	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/13/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell Helicopter Textron Inc, PAC <hr/> Contributor address; City; State; Zip Code PO Box 482  Fort Worth, TX 76101	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/6 Rpt: 5/14
<b>2</b> FILER NAME Bivens, Gyna		<b>3</b> Filer ID
<b>4</b> Date 03/27/2017	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BenefiTree Enterprises, LLC	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>6</b> Contributor address; City; State; Zip Code 4700 Bryant Irvin Court Suite 304 Fort Worth, TX 76107		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 03/07/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Marilyn F/Michael K	Amount of Contribution (\$)  \$500.00
Contributor address; City; State; Zip Code 6217 Genoa Road  Fort Worth, TX 76116		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/07/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Biggins, Lillie	Amount of Contribution (\$)  \$250.00
Contributor address; City; State; Zip Code  TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/07/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caldwell, Charles	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code PO Box 601174  Dallas, TX 75360		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/08/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doulas, Olga Sharon	Amount of Contribution (\$)  \$300.00
Contributor address; City; State; Zip Code 6502 Watch Hill  Arlington, TX 76002		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/6 Rpt: 6/14
<b>2</b> FILER NAME Bivens, Gyna		<b>3</b> Filer ID
<b>4</b> Date 03/07/2017	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fersing, Jan	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>6</b> Contributor address; City; State; Zip Code 3800 Trailwood Lane  Fort Worth, TX 76109		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 03/02/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Good Government Fund	Amount of Contribution (\$)  \$1,500.00
Contributor address; City; State; Zip Code 200 Main Street  Fort Worth, TX 76102		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/07/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hadley, Mildred (Mrs.)	Amount of Contribution (\$)  \$30.00
Contributor address; City; State; Zip Code 6017 Truman Drive  Fort Worth, TX 76112		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/06/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Havener, Gary W/Judelle W	Amount of Contribution (\$)  \$200.00
Contributor address; City; State; Zip Code PO Box 121969  Fort Worth, TX 76121		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/08/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunter, Eugene/Collie	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code 1400 Country Manor Rd.  Fort Worth, TX 76134		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/6 Rpt: 7/14
<b>2</b> FILER NAME Bivens, Gyna		<b>3</b> Filer ID
<b>4</b> Date 03/07/2017	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ingram, William/Shirley <hr/> <b>6</b> Contributor address; City; State; Zip Code 5512 Eisenhower Drive  Fort Worth, TX 76112	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> 03/07/2017	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Willis/Sophia <hr/> <b>Contributor address; City; State; Zip Code</b> 1001 Belleview  Dallas, TX 75215	<b>Amount of Contribution (\$)</b>  \$500.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 03/05/2017	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Theodore/Ola M <hr/> <b>Contributor address; City; State; Zip Code</b> 3232 Knox  Fort Worth, TX 76119	<b>Amount of Contribution (\$)</b>  \$200.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 03/07/2017	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Navejar, Rosa <hr/> <b>Contributor address; City; State; Zip Code</b> 2701 Calder Court  Fort Worth, TX 76107	<b>Amount of Contribution (\$)</b>  \$200.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 03/07/2017	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Newby, Carl/Sandra <hr/> <b>Contributor address; City; State; Zip Code</b> 715 Jones  Fort Worth, TX 76102	<b>Amount of Contribution (\$)</b>  \$100.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/6 Rpt: 8/14
<b>2</b> FILER NAME Bivens, Gyna		<b>3</b> Filer ID
<b>4</b> Date 03/07/2017	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Proctor, John	<b>7</b> Amount of Contribution (\$)  \$1,000.00
	<b>6</b> Contributor address; City; State; Zip Code PO Box 765129  Dallas, TX 75216	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 03/07/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sadberry, Charles A/Birdie M	Amount of Contribution (\$)  \$200.00
	Contributor address; City; State; Zip Code 14801 Meadowland Circle  Newark, TX 76071	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/07/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scarath, Danny	Amount of Contribution (\$)  \$100.00
	Contributor address; City; State; Zip Code 505 Highwoods Trail  Fort Worth, TX 76112	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/27/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tucker, Allen	Amount of Contribution (\$)  \$250.00
	Contributor address; City; State; Zip Code 1601 BRiar Drive  Bedford, TX 76022	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/27/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Paulette	Amount of Contribution (\$)  \$100.00
	Contributor address; City; State; Zip Code 3801 Hillside Trail  Grapevine, TX 76051	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/6 Rpt: 9/14
<b>2</b> FILER NAME Bivens, Gyna		<b>3</b> Filer ID
<b>4</b> Date 03/06/2017	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ware, Wyntress/Theois	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>6</b> Contributor address; City; State; Zip Code 6322 Warwick Hills Drive  Fort Worth, TX 76132		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 03/17/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West, Robert	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code 301 Commerce Street Suite 3500 Fort Worth, TX 76102		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/07/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Billy T/Martha M	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code 4327 Vine Ridge Court  Arlington, TX 76017		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/5 Rpt: 10/14		2 FILER NAME Bivens, Gyna		3 Filer ID	
4 Date 01/18/2017		5 Payee name Bivens, Gyna			
6 Amount (\$) \$103.00		7 Payee address; City; State; Zip Code  TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cleaning and Ironing of 12 red table cloths	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 02/24/2017		Payee name Cracker Barrell			
Amount (\$) \$18.11		Payee address; City; State; Zip Code  TX			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Marketing strategy	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 02/22/2017		Payee name FACEBOOK			
Amount (\$) \$23.03		Payee address; City; State; Zip Code  TX			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Facebook public relations	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# POLITICAL EXPENDITURES 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: Sch: 2/5 Rpt: 11/14		<b>2</b> FILER NAME Bivens, Gyna		<b>3</b> Filer ID	
<b>4</b> Date 02/01/2017		<b>5</b> Payee name FACEBOOK			
<b>6</b> Amount (\$) \$14.76		<b>7</b> Payee address; City; State; Zip Code  TX			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense		<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 PUBLIC RELATIONS	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 01/04/2017		Payee name FACEBOOK			
Amount (\$) \$20.24		Payee address; City; State; Zip Code  TX			
PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking		<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 PR	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 03/07/2017		Payee name Family Dollar			
Amount (\$) \$36.37		Payee address; City; State; Zip Code  Fort Worth, TX			
PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Credit Card Payment		<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 Campaign supplies	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Office held		Office held		Office held	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/5 Rpt: 12/14		2 FILER NAME Bivens, Gyna		3 Filer ID	
4 Date 02/06/2017		5 Payee name GSPCUSTOMSIGNBA 8883219928, TX			
6 Amount (\$) \$105.05		7 Payee address; City; State; Zip Code  TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Graphics Design	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 03/07/2017		Payee name Gliteratti Girl			
Amount (\$) \$100.00		Payee address; City; State; Zip Code RiverTrails Lane  Hurst, TX			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Photography	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 02/23/2017		Payee name Gray, Kelly (The Honorable)			
Amount (\$) \$100.00		Payee address; City; State; Zip Code  TX			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense donation to Kelly Allen Gray Campaign	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# POLITICAL EXPENDITURES 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: Sch: 4/5 Rpt: 13/14	<b>2</b> FILER NAME Bivens, Gyna	<b>3</b> Filer ID
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<b>4</b> Date 03/27/2017	<b>5</b> Payee name Hone Depot
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<b>6</b> Amount (\$) \$18.94	<b>7</b> Payee address; City; State; Zip Code Bridge Street  Fort Worth, TX 76112
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Sign equipment	<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 plastic ties and other equipment for signs
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/22/2017	Payee name IHOP
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Amount (\$) \$26.81	Payee address; City; State; Zip Code  TX
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<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 Strategy
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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 02/23/2017	Payee name Julio's
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Amount (\$) \$600.00	Payee address; City; State; Zip Code  TX
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<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 Set Up
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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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# POLITICAL EXPENDITURES 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: Sch: 5/5 Rpt: 14/14	<b>2</b> FILER NAME Bivens, Gyna	<b>3</b> Filer ID
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<b>4</b> Date 03/21/2017	<b>5</b> Payee name Murphy Nasica
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<b>6</b> Amount (\$) \$4,147.90	<b>7</b> Payee address; City; State; Zip Code  Austin, TX
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<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 Graphic arts design and printing
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/09/2017	Payee name Wendy's
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Amount (\$) \$13.60	Payee address; City; State; Zip Code  TX
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<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 Strategy session
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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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