CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TX

FORM C/OH
COVER SHEET PG 1

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

1 ACCOUNT # (Ethics Commission Filers)

2 Total pages filed: 10

OFFICE USE ONLY

Date Received: RECEIVED APR 11 2013 CITY OF FORT WORTH CITY SECRETARY

Date Hand-delivered or Postmarked

Receipt #

Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Ms FIRST: Guna MI: M

NICKNAME LAST: Bivens SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ change of address

ADDRESS / PO BOX: 5913 McKaskle Drive APT / SUITE #: CITY: Fort Worth STATE: Tx ZIP CODE 76119

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE (817) PHONE NUMBER 4467454 EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mr. FIRST: Chester MI

NICKNAME LAST: Luckett SUFFIX

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 6617 Beaty APT / SUITE #: CITY: Fort Worth STATE: Tx ZIP CODE 76112

8 CAMPAIGN TREASURER PHONE

AREA CODE (817) PHONE NUMBER 9965825 EXTENSION

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 1 Day 30 Year 13 THROUGH Month 4 Day 1 Year 13

11 ELECTION

ELECTION DATE Month 5 Day 11 Year 13

ELECTION TYPE ☐ Primary ☐ Runoff ☑ General ☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known) District 5 - Fort Worth City Council

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME: Gyna Machelle Bivens

15 ACCOUNT # (Ethics Commission Filers):

16 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE
- [ ] GENERAL
- [ ] SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

- [ ] additional pages

17 CONTRIBUTION TOTALS

	1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 0
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 3610
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$ 5335.64
	4. **TOTAL POLITICAL EXPENDITURES**	$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$

18 AFFIDAVIT

MARY J KAYSER NOTARY PUBLIC STATE OF TEXAS EXPIRES 01-11-2017

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 1th day of April, 20 13, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
Mary J Kayser	MARY J KAYSER	City Secretary

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: Gyna M. Bivens

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
3-8-13	Dolores Connor P.O. 8863 FW TX 76124	50.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions): Customer Service

10 Employer (See Instructions): Kinkos

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-8-13	Autry Warren Jr, Stephanie Warren 712 Mockingbird Dr. Murphy TX 75094	50.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Utility Manager

Employer (See Instructions): Oncor

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-8-13	Paul Gardner 3833 Drexmore Rd. FW TX 76244-8509	50.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Sales

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-8-13	Gregory Barber 2502 Southwood Dr. Dallas TX 76233	35.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Utility worker

Employer (See Instructions): Oncor

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2-12-13	Brenda Wilkerson 3040 Leahy Dr. Dallas, TX 75229	100.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Human Resources Mgr

Employer (See Instructions): Club Corp

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional 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: Gina M. Bivens

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
3-8-13	John and Beatrice Self 616 Haster Court Ft Tx 76120	225.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions): Retired Utility Officer

10 Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-8-13	Norma Roby 7578 Morrison Ct. Fw Tx 76112	100.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Business Owner

Employer (See Instructions): Yellow Rose of Texas

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-8-13	Viney Polite Chandler 4243 Clear Lake Cir. F.W. TX 76109	50.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Retired

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-8-13	M. C. Peterson 5601 Eisenhower Dr. F.W. Tx 760	50.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Retired

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-11-13	Paulette Turner 3801 Hillside Tr. Grapevine, TX 76051	100.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Retired

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 M. Bivens

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)
2/22/13	Mary McCray 6 Contributor address; City; State; Zip Code 6009 Maceo FW TX 76112	50.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions): Retired

10 Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)	In-kind contribution description (if applicable)
2/25/13	Robert Elliott Barbour Contributor address; City; State; Zip Code 1904 Bunch Dr. FW TX 76112	100.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Retired

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)	In-kind contribution description (if applicable)
3-8-13	Dresdene Flynn-White, Tommy White Contributor address; City; State; Zip Code 6376 Newport Court Fort Worth TX 76116	150.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Hospital V.P

Employer (See Instructions): JPS Health

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)	In-kind contribution description (if applicable)
3-8-13	Victor Garcia, Linda Garcia Contributor address; City; State; Zip Code 11901 Blue Creek Dr Aledo, TX 76008	100.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Business owner

Employer (See Instructions): Self

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)	In-kind contribution description (if applicable)
3-8-13	Reginald Bonner Latryl Bonner Contributor address; City; State; Zip Code 1232 Falcon Ridge Dr Kennedale, TX 76060	50.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Utility manager

Employer (See Instructions): Oncor

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional 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: Gyna Bivens

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
3/9/13	Barbara Holston 8905 Racquet Club Dr F.W. TX 76120	250.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions): Nursing Administrator

10 Employer (See Instructions): Fw Housing Authority

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-8-13	Dorothy Brown Sandur 225 Willow Ridge Rd FW TX 76103	100.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Physical Therapist

Employer (See Instructions): Self

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-8-13	Ramon Romero 421 Conner Ave. FW TX 76108	200.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Entrepreneur

Employer (See Instructions): Self

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-8-13	Louise Appleman 801 Cherry St Ste. 1600 FW TX 76102	100.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Retired

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-8-13	Allyn Giles 1612 Thorntree Dr De Soto, TX 75115	100.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Utility executive

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: Gina M. Bivens

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
3/8/13	Lillie Mae Biggins 804 Scarlett Sage Fw Tx 76112	500.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions): Hospital President

10 Employer (See Instructions): Texas Health Resources

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/8/13	Milton Page and Shirley Page 5533 Chimney Rock, 76112	300.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Pastor

Employer (See Instructions): Saint Paul Cathedral

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/8/13	Paul Franklin 941 Beth Any Burleson Tx 76028	200.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/8/13	Mark Hughes Gregory Hughes 2644 Stadium Drive Fw Tx 76109	100.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Realtor

Employer (See Instructions): Self

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-8-13	Stephen Baldwin 10269 E. Rancho Diego Ln. Crowley Tx 76036	100.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Utility Manager

Employer (See Instructions): ONCOR

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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: Gyna M. Bivens

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
2/19/13	Marsha Crear 2905 Martsy Ct. Arlington Tx 76014	100.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions): Manager

10 Employer (See Instructions): American Airlines

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/2/13	Elnita Rogers 2308 Jenson Circle F.W. Tx 76112	50.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Retired

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/2/13	Melinda Hamilton 6255 Truman Drive F.W. Tx 76112	50.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Mayer

Employer (See Instructions): US Postal Service

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/8/13	Carlos DeLatorre 2300 Autumn Oaks Tr. Arlington Tx 76008	100.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Retired

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/4/13	Joe or Janet Thompson 602 Deloache Crescent Westworth Village Tx 76114	100.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Retired

Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional 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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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: 1	2 FILER NAME Gyna Bivens	3 ACCOUNT # (Ethics Commission Filers)
4 Date 3-7-13	5 Payee name G.S.P. Graphic Screen printing Production	
6 Amount ($) 1330.90	7 Payee address; City; State; Zip Code 5512 Mitchelldale Houston TX 77092	
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) Yard signs
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 2-2-23	Payee name Vista Print International	
Amount ($) 229.89	Payee address; City; State; Zip Code 195 Hayden Ave Lexington, Mass 02421	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date	Payee name	
Amount ($)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date	Payee name	
Amount ($)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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 MADE FROM PERSONAL FUNDS

SCHEDULE G

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	
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 G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
1	Gina Bivens	

4 Date	5 Payee name
3-7-13	G.S.P. Graphic Screenprinting Production, Inc

6 Amount ($)	7 Payee address; City; State; Zip Code
1330.90 ☐ Reimbursement from political contributions intended	5512 Mitchelldale Houston, TX 77092

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
	Advertising	Yard signs

Date	Payee name
2-17-13	VistaPrint International

Amount ($)	Payee address; City; State; Zip Code
42.48 ☑ Reimbursement from political contributions intended	195 Hayden Ave Lexington, Massachusetts 02421

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Advertising	Push cards

Date	Payee name
2-23-13	VistaPrint International

Amount ($)	Payee address; City; State; Zip Code
229.89 ☑ Reimbursement from political contributions intended	195 Hayden AVE Lexington, MASS 02421

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Advertising	Push cards

Date	Payee name
2-25-13	VistaPrint International

Amount ($)	Payee address; City; State; Zip Code
18.21 ☑ Reimbursement from political contributions intended	195 Hayden Ave

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Advertising	Letterhead

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED