

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: **5**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: **Mr** FIRST: **Paul** MI: **A**
NICKNAME: LAST: **Gardner** SUFFIX:

OFFICE USE ONLY

Date Received: **JUL 15 2013**
CITY OF FT. WORTH
CITY SECRETARY

Date Hand-Delivered or Postmarked:

Receipt # Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: **3833 Drexmore Rd** APT / SUITE #: CITY: **Ft Worth** STATE: **TX** ZIP CODE: **76244**

change of address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE: **(817)** PHONE NUMBER: **946 9555** EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: **Mrs** FIRST: **Lindsey** MI: **A**
NICKNAME: LAST: **Gardner** SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE): **Same** APT / SUITE #: CITY: STATE: ZIP CODE:

8 CAMPAIGN TREASURER PHONE

AREA CODE: **(817)** PHONE NUMBER: **337 0502** 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 Day Year: **05 / 02 / 2013** THROUGH Month Day Year: **06 / 30 / 2013**

11 ELECTION

ELECTION DATE: Month Day Year: / /
ELECTION TYPE: Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Ft. Worth City Council District 4

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

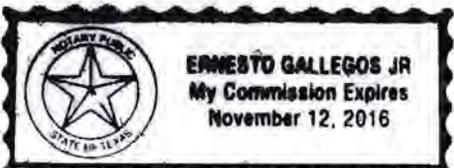
**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME	15 ACCOUNT # (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <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. 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 625.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1310.24
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ (4479.77)
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said PAUL A. GARDNER, this the 15TH day of JULY, 2013, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering oath

ERNESTO GALLEGOS JR.

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:	
2 FILER NAME <i>Paul A Gardner</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>5/13/13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Scott Howell</i>	7 Amount of contribution (\$) <i>500.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>3900 Willow STE 200 Dallas TX 75226</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>5/13/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Joe Epps</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>828 Firewheel Trl Ft Worth TX 76112</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/13/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>M.P. Deitchman</i>	Amount of contribution (\$) <i>25.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>501 Oak Hollow Ln Ft. Worth TX 76112</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/22/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Belinda Reed</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4504 Gila Bend Lane Ft Worth TX 76137</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)	

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:	2 FILER NAME <i>Paul A. Gardar</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>5/1/13</i>	5 Payee name <i>Target</i>
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6 Amount (\$) <i>14.05</i>	7 Payee address; City; State; Zip Code <i>301 Carroll St Ft. Worth TX 76107</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>office overhead</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>stationery</i>
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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>5/4/13</i>	Payee name <i>Push Digital</i>
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Amount (\$) <i>750.00</i>	Payee address; City; State; Zip Code <i>P.O. Box 7431 Columbia SC 29202</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Consulting Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Retainer</i>
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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>5/1/13</i>	Payee name <i>Push Digital</i>
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Amount (\$) <i>11.34</i>	Payee address; City; State; Zip Code <i>P.O. Box 7431 Columbia SC 29202</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Email Blast</i>
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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>5/13/13</i>	Payee name <i>Push Digital</i>
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Amount (\$) <i>369.72</i>	Payee address; City; State; Zip Code <i>P.O. Box 7431 Columbia SC 29202</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Campaign Calls</i>
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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 <i>Paul A Gardner</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>5/3/13</i>	5 Payee name <i>John Hamilton</i>
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6 Amount (\$) <i>15.13</i>	7 Payee address; City; State; Zip Code <i>103 Clear Brook Ct Southlake Tx 76092</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Salaries/wages/labor</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Music for event</i>
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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>5/6/13</i>	Payee name <i>Lindsay Mays</i>
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Amount (\$) <i>100.00</i>	Payee address; City; State; Zip Code <i>4213 Silverberry Ave Ft. Worth, TX 76137</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Salaries/wages/labor</i>	Description (If travel outside of Texas, complete Schedule T) <i>labor for campaign services</i>
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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>5/13/13</i>	Payee name <i>Chase Bank</i>
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Amount (\$) <i>25.00</i>	Payee address; City; State; Zip Code <i>600 Bailey Ave Ft Worth TX 76107</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fees</i>	Description (If travel outside of Texas, complete Schedule T) <i>Bank Fees</i>
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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>6/13/13</i>	Payee name <i>Chase Bank</i>
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Amount (\$) <i>25.00</i>	Payee address; City; State; Zip Code <i>600 Bailey Ave Ft. Worth TX 76107</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fees</i>	Description (If travel outside of Texas, complete Schedule T) <i>Bank Fees</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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