

# DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE  
COVER SHEET PG 1

The DCE Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00081821	2 Total pages filed: 4
3 FILER NAME	MS / MRS / MR Mr.	FIRST Herbert	MI MI
	NICKNAME	LAST Gears	SUFFIX
4 FILER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	2436 Briarcliff Drive IRVING, TX 75062		
<input type="checkbox"/> Change of Address			
5 FILER PHONE	AREA CODE (214)	PHONE NUMBER 676-1912	EXTENSION
6 REPORT TYPE	<input type="checkbox"/> January 15		<input type="checkbox"/> 30th day before election
	<input checked="" type="checkbox"/> July 15		<input type="checkbox"/> 8th day before election
			<input type="checkbox"/> Runoff
7 PERIOD COVERED	Month Day Year 05/02/2017	THROUGH	Month Day Year 06/30/2017
8 ELECTION	ELECTION DATE Month Day Year 05/06/2017		ELECTION TYPE
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
9 FILER ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)		A. Supported
			B. Opposed
			KRISTI PENA
	2. Measures (Describe by date and location of election and nature of issue.)		A. Supported
			B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		

**RECEIVED**

OFFICE USE ONLY

Date Received  
**JUL 13 2017**

City Secretary's Office

Date Hand-delivered or Date Postmarked  
*HD 7/13/17 1:55pm*

Receipt #      Amount

Date Processed  
*Processed by sg 7/18/17*

Date Imaged

GO TO PAGE 2

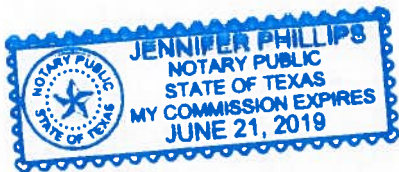
**DIRECT CAMPAIGN EXPENDITURES  
CAMPAIGN FINANCE REPORT**

**FORM DCE  
COVER SHEET PG 2**

<b>10 FILER NAME</b> Gears, Herbert (Mr.)		<b>11 Filer ID</b> (Ethics Commission Filers) 00081821
<b>12 EXPENDITURE TOTALS</b>	<b>1. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED</b>	\$ 0.00
	<b>2. TOTAL POLITICAL EXPENDITURES</b>	\$ 2,934.58

**13 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.



*Herbert A. Gears*  
\_\_\_\_\_  
Signature of Filer  
or

Signature of individual with authority to sign on behalf of entity  
(only if Filer is an entity)

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Herbert A. Gears, this the 13<sup>th</sup> day of July, 20 17, to certify which, witness my hand and seal of office.

*Jennifer Phillips*  
\_\_\_\_\_  
Signature of officer administering oath

Jennifer Phillips  
\_\_\_\_\_  
Printed name of officer administering oath

notary  
\_\_\_\_\_  
Title of officer administering oath

# SUBTOTALS - DCE

FORM DCE  
COVER SHEET PG 3  
3 of 4

<b>14 FILER NAME</b> Gears, Herbert (Mr.)		<b>15 Filer ID</b> (Ethics Commission Filers) 00081821
<b>16 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES	\$ 2,934.58
2.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
3.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$

# POLITICAL EXPENDITURES

**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: 1/1 Rpt: 4/4	<b>2</b> FILER NAME Gears, Herbert (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00081821			
<b>4</b> Date 05/02/2017	<b>5</b> Payee name JPT Printing				
<b>6</b> Amount (\$) \$2,934.58  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 212 W. Irving Blvd.  Irving, TX 75060				
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Printing and Postage for Mail Piece			
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border:none;"> <tr> <td style="width:33%; border:none;">Candidate/Officeholder name</td> <td style="width:33%; border:none;">Office sought</td> <td style="width:33%; border:none;">Office held</td> </tr> </table>			Candidate/Officeholder name	Office sought	Office held
Candidate/Officeholder name	Office sought	Office held			