

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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.

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

MR. HERBERT
GEARS

A.

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

change of address

3511 W. BANGOR CT.
IRVING, TX. 75062

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214) 676-1912

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

MS. LILIANA
GEARS

D.

7 CAMPAIGN
TREASURER
ADDRESS
(residence or business)

STREET ADDRESS (NO PO BOX PLEASE)

APT / SUITE #

CITY

STATE

ZIP CODE

3511 W. BANGOR CT.
IRVING, TX. 75062

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214) 676-1912

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

THROUGH

Month

Day

Year

previous

5 / 1 / 14

11 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE

Primary

Runoff

General

Special

5 / 10 / 2014

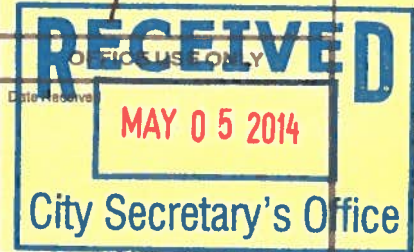
12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

MAYOR

GO TO PAGE 2



Date Hand delivered or Postmarked
HD 5/5/14 2:05pm KH

Receipt #

Amount

Date Processed

Date Imaged

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME HERBERT A. GEARS 15 ACCOUNT # (Ethics Commission Filers)

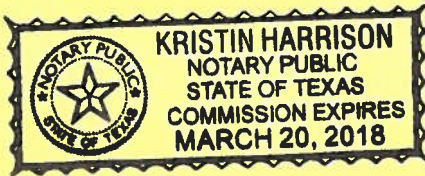
16 NOTICE FROM POLITICAL COMMITTEE(S)

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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	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	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>13,350.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>22,357.44</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>13,729.37</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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.

Herbert A. Gears
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Herbert A. Gears, this the 5 day of May, 20 14, to certify which, witness my hand and seal of office.

Kristin Harrison
Signature of officer administering oath

Kristin Harrison
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

2 FILER NAME

HERBERT A. GEARS

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/14/14

5 Full name of contributor out-of-state PAC (ID# _____)

JOHN C. ALLEN

7 Amount of contribution (\$)

2500.00

8 In-kind contribution description (if applicable)

6 Contributor address, City, State, Zip Code

IRVING, TX.

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

SMALL BUS. OWNER

10 Employer (See Instructions)

SELF

Date

4/14/14

Full name of contributor out-of-state PAC (ID# _____)

CHRIS GREEN

Amount of contribution (\$)

2500.00

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

IRVING, TX.

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

SELF

Date

4/14/14

Full name of contributor out-of-state PAC (ID# _____)

JAMES CASSELS

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

IRVING, TX.

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

4/14/14

Full name of contributor out-of-state PAC (ID# _____)

SUSHIL PATEL

Amount of contribution (\$)

2500.00

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

IRVING, TX.

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

BANKER

Employer (See Instructions)

TEXAS ST. BK.

Date

4/14/14

Full name of contributor out-of-state PAC (ID# _____)

TOM TANNEHILL

Amount of contribution (\$)

2000.00

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

IRVING, TX.

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

SELF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional 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

2 FILER NAME

HERBERT A. GEARS

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/15/14

5 Full name of contributor out-of-state PAC (ID# _____)

MARGARETE MELTON

6 Contributor address, City, State, Zip Code

IRVING, TX.

7 Amount of contribution (\$)

50.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

RETIRED

10 Employer (See Instructions)

Date

4/14/14

Full name of contributor out-of-state PAC (ID# _____)

PAT OBENSHAIN

Contributor address, City, State, Zip Code

IRVING, TX.

Amount of contribution (\$)

1300.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

RESTAURANT GM

Employer (See Instructions)

C.R.O.

Date

4/14/14

Full name of contributor out-of-state PAC (ID# _____)

BOBBY STEWART

Contributor address, City, State, Zip Code

IRVING, TX.

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

COML. REAL ESTATE

Employer (See Instructions)

CSCRE

Date

4/14/14

Full name of contributor out-of-state PAC (ID# _____)

CHARLES COTTEN

Contributor address, City, State, Zip Code

COPPELL, TX.

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

COML. REAL ESTATE

Employer (See Instructions)

CSCRE

Date

4/14/14

Full name of contributor out-of-state PAC (ID# _____)

THOM DAVIS

Contributor address, City, State, Zip Code

IRVING, TX.

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(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 for additional reporting requirements.

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
Event Expense	Printing Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees		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 3	2 FILER NAME HERBERT A. GEARS	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4/20/14	5 Payee name U.S. POSTAL SVC.
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6 Amount (\$) 2917.05 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address, City, State, Zip Code DALLAS, TX.
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) MAIL - POSTAGE	(b) Description (If travel outside of Texas, complete Schedule T)
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Date 4/20/14	Payee name VALENTINE DIRECT
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Amount (\$) 3602.26 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address, City, State, Zip Code DALLAS, TX.
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) MAIL-PRINT	Description (If travel outside of Texas, complete Schedule T)
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Date 4/18/14	Payee name DAVID ETHEREDGE
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Amount (\$) 1000.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address, City, State, Zip Code IRVING, TX.
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) SIGN LABOR	Description (If travel outside of Texas, complete Schedule T)
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Date 4/25/14	Payee name DAVID ETHEREDGE
------------------------	--------------------------------------

Amount (\$) 1200.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address, City, State, Zip Code IRVING, TX.
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CANVASSING	Description (If travel outside of Texas, complete Schedule T)
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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
Event Expense	Printing Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees		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: **3** 2 FILER NAME: **HERBERT A. GEARS** 3 ACCOUNT # (Ethics Commission Filers)

4 Date: **4/30/14** 5 Payee name: **VALENTINE DIRECT**

6 Amount (\$): **5871.68** 7 Payee address: City: State: Zip Code: **DALLAS, TX.**
 Reimbursement from political contributions intended

8 PURPOSE OF EXPENDITURE: **MAIL & PRINT** (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas complete Schedule T)

Date: **4/30/14** Payee name: **VALENTINE DIRECT**

Amount (\$): **3464.45** Payee address: City: State: Zip Code: **DALLAS, TX.**
 Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE: **MAIL & PRINT** Category (See categories listed at the top of this schedule) Description (If travel outside of Texas complete Schedule T)

Date: **4/20/14** Payee name: **FINISH LINE IMPRINTS**

Amount (\$): **1587.87** Payee address: City: State: Zip Code: **IRVING, TX.**
 Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE: **SIGNS** Category (See categories listed at the top of this schedule) Description (If travel outside of Texas complete Schedule T)

Date: **4/27/14** Payee name: **IRVING RAMBLER**

Amount (\$): **1266.34** Payee address: City: State: Zip Code: **IRVING, TX.**
 Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE: **ADV.** Category (See categories listed at the top of this schedule) Description (If travel outside of Texas complete Schedule T)

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
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 G 3	2 FILER NAME VALE HERBERT A. GEARS	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4/18/14	5 Payee name VALENTINE DIRECT
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6 Amount (\$) 48.47 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City, State, Zip Code DALLAS, TX.
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) PRINTING	(b) Description (if travel outside of Texas complete Schedule T)
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Date 4/25/14	Payee name HOME DEPOT
------------------------	---------------------------------

Amount (\$) 236.14 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City, State, Zip Code IRVING, TX.
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) SIGN POSTS/TEES	Description (if travel outside of Texas complete Schedule T)
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Date 4/29/14	Payee name CC ADVERTISING
------------------------	-------------------------------------

Amount (\$) 1163.18 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City, State, Zip Code ALEXANDRIA, VA.
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ROBOCALLS	Description (if travel outside of Texas complete Schedule T)
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Date	Payee name
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Amount (\$)	Payee address; City, State, Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (if travel outside of Texas complete Schedule T)
------------------------	--	--

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED