

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

**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 Filters) **2 Total pages filed:**

RECEIVED
OFFICE USE ONLY
Date Received **MAY 06 2011**
City Secretary's Office
Date Hand-delivered or Postmarked
HD 5/6/11 KH 2:35pm
Receipt # Amount
Date Processed **5/10/11 by AJ**
Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR **MR.** FIRST **HERBERT** MI **A.**
NICKNAME **GEARS** LAST SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
ADDRESS / PO BOX: **3716 SANTIAGO CT.** APT / SUITE #: **IRVING, TX. 75062** CITY: STATE: ZIP CODE
 change of address

5 CANDIDATE / OFFICEHOLDER PHONE
AREA CODE **(214)** PHONE NUMBER **676-1912** EXTENSION

6 CAMPAIGN TREASURER NAME
MS / MRS / MR **MS. CHRISTINA** FIRST **W.** MI
NICKNAME **GEARS** LAST SUFFIX

7 CAMPAIGN TREASURER ADDRESS (residence or business)
STREET ADDRESS (NO PO BOX PLEASE): **3716 SANTIAGO CT.** APT / SUITE #: **IRVING, TX. 75062** CITY: STATE: ZIP CODE

8 CAMPAIGN TREASURER PHONE
AREA CODE **(214)** PHONE NUMBER **676-1912** 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 \$300 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED
Month Day Year **4 / 5 / 11** THROUGH Month Day Year **5 / 4 / 11**

11 ELECTION
ELECTION DATE Month Day Year **5 / 14 / 11** ELECTION TYPE
 Primary Runoff General Special

12 OFFICE OFFICE HELD (if any) **MAYOR IRVING** **13 OFFICE SOUGHT (if known)** **MAYOR**

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS
DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE.
Name
Address / PO Box, Apt / Suite #: City: State: Zip Code
 additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME HERBERT A. GEARS

16 ACCOUNT # (Ethics Commission Filers)

17 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 |

18 CONTRIBUTION TOTALS

| | |
|---|--------|
| 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 425 |
|---|--------|

| | |
|--|-----------|
| 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 190384 |
|--|-----------|

EXPENDITURE TOTALS

| | |
|--|-------------------------|
| 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED | \$ 222891.29 |
|--|-------------------------|

| | |
|---------------------------------|--------------|
| 4. TOTAL POLITICAL EXPENDITURES | \$ 222891.29 |
|---------------------------------|--------------|

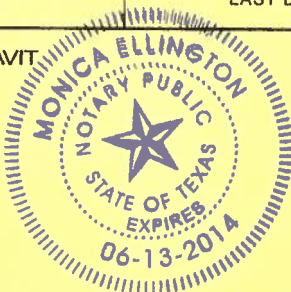
CONTRIBUTION BALANCE

| | |
|--|-------------|
| 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 19415.39 |
|--|-------------|

OUTSTANDING LOAN TOTALS

| | |
|---|----------|
| 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 81000 |
|---|----------|

19 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 6 day of May, 20 11, to certify which, witness my hand and seal of office.

Monica Ellington
Signature of officer administering oath

Monica Ellington
Printed name of officer administering oath

Notary
Title of officer administering oath

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

**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 **HERBERT A. GEARS** 3 ACCOUNT # (Ethics Commission Filers)

| | | | |
|--|--|---|--|
| 4 Date 4/5/11 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ALLEN & BARBARA SCOTT | 7 Amount of contribution (\$) 100 | 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) **RET.** 10 Employer (See Instructions)

| | | | |
|--|--|---|--|
| Date 4/18/11 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TREVOR PUTNAM | Amount of contribution (\$) 75 | 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)

| | | | |
|---|--|---|--|
| Date 4/18/11 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LACRISSA SAPP | Amount of contribution (\$) 25 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code BEDFORD, TX. | | (If travel outside of Texas, complete Schedule T) | |

Principal occupation / Job title (See Instructions) Employer (See Instructions)

| | | | |
|---|--|---|--|
| Date 4/18/11 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BURNELL & SHIRLEY STEHMAN | Amount of contribution (\$) 200 | 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) **RET.** Employer (See Instructions)

| | | | |
|--|--|---|--|
| Date 4/20/11 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) KATHY WILKINS | Amount of contribution (\$) 100 | 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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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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 HERBERT A. GEARS | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 4/28/11 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) HARRY WEAVER | 7 Amount of contribution (\$) 100 | 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) RET. | | 10 Employer (See Instructions) | |
| Date 5/4/11 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) JAMES CASSELS | Amount of contribution (\$) 1000 | 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) RET. | | Employer (See Instructions) | |
| Date 5/4/11 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) WAYNE & ANNE PRAFF | Amount of contribution (\$) 1000 | 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) RET. | | Employer (See Instructions) | |
| Date 5/4/11 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) JOYCE OWEN | Amount of contribution (\$) 1000 | 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) RET. | | Employer (See Instructions) | |
| Date 5/4/11 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) WILUS DEARING | Amount of contribution (\$) 100 | 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) | |

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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 HERBERT A. GEARS | | 3 ACCOUNT # (Ethics Commission Files) | |
| 4 Date 4/12/11 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) BILLY BARNETT | 7 Amount of contribution (\$) 25,000 | 8 In-kind contribution description (if applicable) |
| 6 Contributor address: City; State; Zip Code ADDISON, TX. | | (If travel outside of Texas, complete Schedule T) | |
| 9 Principal occupation / Job title (See Instructions) DEVELOPER | | 10 Employer (See Instructions) SELF | |
| Date 4/28/11 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) HARESH & AMISHA PATEL | Amount of contribution (\$) 150 | 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) | |
| Date 5/2/11 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) GREG WONSMOS | Amount of contribution (\$) 1000 | In-kind contribution description (if applicable) |
| Contributor address: City; State; Zip Code DALLAS, TX. | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) VAUTEX ENT. | |
| Date 4/29/11 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) JACKIE BEWLEY | Amount of contribution (\$) 2000 | In-kind contribution description (if applicable) |
| Contributor address: City; State; Zip Code DALLAS, TX. | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) TAXI-OWNER | | Employer (See Instructions) YELLOW | |
| Date 4/18/11 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) KANWAR & HANINDER SURJ | Amount of contribution (\$) 300 | 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) | |

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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 HERBERT A. GEARS | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 4/27/11 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) BILLY BARNETT | 7 Amount of contribution (\$) 30,034 | 8 In-kind contribution description (if applicable) |
| 6 Contributor address: City: State; Zip Code ADDISON, TX. | | (If travel outside of Texas, complete Schedule T) | |
| 9 Principal occupation / Job title (See Instructions) DEVELOPER | | 10 Employer (See Instructions) SELF | |
| Date 5/4/11 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) DON & ROSALIE JENSEN | Amount of contribution (\$) 100 | 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) | |
| Date 4/28/11 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) BRIAN RATNER | Amount of contribution (\$) 1000 | In-kind contribution description (if applicable) |
| Contributor address: City: State; Zip Code DALLAS, TX. | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) DEVELOPER | | Employer (See Instructions) FOREST CITY | |
| Date 4/20/11 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) JEFF COURTRIGHT | Amount of contribution (\$) 1000 | In-kind contribution description (if applicable) |
| Contributor address: City: State; Zip Code DALLAS, TX | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) DEVELOPER | | Employer (See Instructions) | |
| Date 4/7/11 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) BILLY BARNETT | Amount of contribution (\$) 17,000 | In-kind contribution description (if applicable) |
| Contributor address: City: State; Zip Code ADDISON, TX. | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) DEVELOPER | | Employer (See Instructions) SELF | |

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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 HERBERT A. GEARS | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 4/21/11 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) BILLY BARNETT | 7 Amount of contribution (\$) 105,000 | 8 In-kind contribution description (if applicable) |
| 6 Contributor address: City: State: Zip Code ADDISON, TX. | | (If travel outside of Texas, complete Schedule T) | |
| 9 Principal occupation / Job title (See Instructions) DEVELOPER | | 10 Employer (See Instructions) SELF | |
| Date 4/22/11 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) DONALD HERRING | Amount of contribution (\$) 1000 | In-kind contribution description (if applicable) |
| Contributor address: City: State: Zip Code DALLAS, TX. | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 4/22/11 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) DON & STACEY HERRING | Amount of contribution (\$) 1000 | In-kind contribution description (if applicable) |
| Contributor address: City: State: Zip Code DALLAS, TX. | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 4/16/11 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) BYRON & JAN KILLEN | Amount of contribution (\$) 25 | 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) | |
| Date 5/4/11 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) ROBERT BOURGEOIS | Amount of contribution (\$) 100 | 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) | |

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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 **HERBERT A. GEARS** 3 ACCOUNT # (Ethics Commission Filer)

| | | | |
|--|---|---|--|
| 4 Date 5/1/11 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) LISA STARK WEATHER | 7 Amount of contribution (\$) 200 | 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) **NONE** 10 Employer (See Instructions)

| | | | |
|--|--|---|--|
| Date 5/4/11 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) HARRY CHRIS | Amount of contribution (\$) 100 | 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) **RET.** Employer (See Instructions)

| | | | |
|--|---|---|--|
| Date 5/4/11 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) DON & PHYLLIS HARPER | Amount of contribution (\$) 250 | 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) **RET.** Employer (See Instructions)

| | | | |
|--|---|---|--|
| Date 5/4/11 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) DAN NIEMEIER | Amount of contribution (\$) 1000 | 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) **RET.** 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
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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 HERBERT A. GEARS | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------|---|--|

| | |
|--------------------------|--|
| 4 Date 4/15/11 | 5 Payee name CHRISTINA GEARS |
|--------------------------|--|

| | |
|--------------------------------|---|
| 6 Amount (\$) 753.59 | 7 Payee address; City: State: Zip Code 3716 SANTIAGO CT. IRVING, TX . 75062 |
|--------------------------------|---|

| | | |
|--------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) EVENT EXPENSE | (b) Description (If travel outside of Texas, complete Schedule T) MISC. |
|--------------------------|--|---|

| | | | |
|---|-------------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|------------------------|---|
| Date 4/19/11 | Payee name FINISH LINE IMPRINTS |
|------------------------|---|

| | |
|-------------------------------|---|
| Amount (\$) 3853.70 | Payee address; City: State: Zip Code IRVING, TX . |
|-------------------------------|---|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) ADV. EXP. | Description (If travel outside of Texas, complete Schedule T) SIGNS |
|------------------------|--|---|

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|------------------------|--|
| Date 4/20/11 | Payee name THE ELECTIONS GROUP |
|------------------------|--|

| | |
|------------------------------|---|
| Amount (\$) 20,000 | Payee address; City: State: Zip Code 408 W. 14TH ST. AUSTIN, TX. 78701 |
|------------------------------|---|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) CONSULTING EXP | 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 4/20/11 | Payee name THE ELECTIONS GROUP |
|------------------------|--|

| | |
|-----------------------------|--|
| Amount (\$) 25095 | Payee address; City: State: Zip Code 408 W. 14TH ST. AUSTIN, TX . 78701 |
|-----------------------------|--|

| | | |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) ADV. EXP | Description (If travel outside of Texas, complete Schedule T) TV |
|------------------------|---|--|

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

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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 | Printing Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | | Office Overhead/Rental Expense | |

The Instruction Guide explains how to complete this form.

| | | |
|---------------------------|---|--|
| 1 Total pages Schedule F: | 2 FILER NAME HERBERT A. GEARS | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------|---|--|

| | |
|--------------------------|--|
| 4 Date 4/13/11 | 5 Payee name THE ELECTIONS GROUP |
|--------------------------|--|

| | |
|--------------------------------|---|
| 6 Amount (\$) 16,780 | 7 Payee address; City: State: Zip Code 408 W. 14th ST. AUSTIN, TX. 78701 |
|--------------------------------|---|

| | | |
|--------------------------|--|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) ADV. EXP. | (b) Description (If travel outside of Texas, complete Schedule T) TV |
|--------------------------|--|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit COH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|------------------------|--|
| Date 4/14/11 | Payee name THE ELECTIONS GROUP |
|------------------------|--|

| | |
|----------------------------|--|
| Amount (\$) 5000 | Payee address; City: State: Zip Code AUSTIN, TX. 78701 |
|----------------------------|--|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) ADV. EXP. | Description (If travel outside of Texas, complete Schedule T) WEBSITE |
|------------------------|--|---|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit COH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|------------------------|--|
| Date 4/14/11 | Payee name THE ELECTIONS GROUP |
|------------------------|--|

| | |
|------------------------------|--|
| Amount (\$) 15,525 | Payee address; City: State: Zip Code AUSTIN, TX. 78701 |
|------------------------------|--|

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|------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) ADV. EXP. | Description (If travel outside of Texas, complete Schedule T) MAIL |
|------------------------|--|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit COH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|------------------------|--|
| Date 4/14/11 | Payee name THE ELECTIONS GROUP |
|------------------------|--|

| | |
|----------------------------|--|
| Amount (\$) 5000 | Payee address; City: State: Zip Code AUSTIN, TX. 78701 |
|----------------------------|--|

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

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|--|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit COH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

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: **HERBERT A. GEARS** 3 ACCOUNT # (Ethics Commission Files)

4 Date: **4/24/11** 5 Payee name: **VFW - BUDDY POPPY EVENT**

6 Amount (\$): **1000.00** 7 Payee address: **IRVING, TX.**

8 PURPOSE OF EXPENDITURE: **GIFT/DONATION** (a) Description: (b) Category: (c) Candidate / Officeholder name: (d) Office sought: (e) Office held:

9 Complete ONLY if direct expenditure to benefit (C/O):

Date: **4/27/11** Payee name: **BGC**

Amount (\$): **380.00** Payee address: **DALLAS, TX**

PURPOSE OF EXPENDITURE: **PRINT EXP** (a) Description: (b) Category: (c) Candidate / Officeholder name: (d) Office sought: (e) Office held:

Complete ONLY if direct expenditure to benefit (C/O):

Date: **4/16/11** Payee name: **MONICA ELLINGTON**

Amount (\$): **1000.00** Payee address: **IRVING, TX.**

PURPOSE OF EXPENDITURE: **CONTRACT LABOR** (a) Description: (b) Category: (c) Candidate / Officeholder name: (d) Office sought: (e) Office held:

Complete ONLY if direct expenditure to benefit (C/O):

Date: **4/16/11** Payee name: **ANTHONY BOND**

Amount (\$): **1000.00** Payee address: **IRVING, TX.**

PURPOSE OF EXPENDITURE: **CONTRACT LABOR** (a) Description: (b) Category: (c) Candidate / Officeholder name: (d) Office sought: (e) Office held:

Complete ONLY if direct expenditure to benefit (C/O):

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX B(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: **HERBERT A. GEARS** 3 ACCOUNT # (Ethics Commission Filers)

4 Date: **4/28/11** 5 Payee name: **THE ELECTIONS GROUP**

6 Amount (\$): **71,974.00** 7 Payee address: City: State: Zip Code: **AUSTIN, TX.**

8 PURPOSE OF EXPENDITURE: **ADV. EXP.** (a) Category: **ADV. EXP.** (b) Description: **T.U.**

9 Complete ONLY if direct expenditure to benefit C/O: Candidate / Officeholder name: Office sought: Office held:

Date: **4/10/11** Payee name: **HANK CLEMENTS**

Amount (\$): **10,000.00** Payee address: City: State: Zip Code: **DALLAS, TX.**

PURPOSE OF EXPENDITURE: **CONSULTING EXP.** Category: **CONSULTING EXP.** Description: **MAILERS**

Complete ONLY if direct expenditure to benefit C/O: Candidate / Officeholder name: Office sought: Office held:

Date: **4/25/11** Payee name: **C.C. ADVERTISING**

Amount (\$): **15,500.00** Payee address: City: State: Zip Code: **ALEXANDRIA, VA.**

PURPOSE OF EXPENDITURE: **POLLING EXP.** Category: **POLLING EXP.** Description: **PHONE POLLS**

Complete ONLY if direct expenditure to benefit C/O: Candidate / Officeholder name: Office sought: Office held:

Date: **5/3/11** Payee name: **THE ELECTIONS GROUP**

Amount (\$): **30,000.00** Payee address: City: State: Zip Code: **AUSTIN, TX.**

PURPOSE OF EXPENDITURE: **ADV. EXP / PRINT EXP / POSTER MAILERS** Category: **ADV. EXP / PRINT EXP / POSTER MAILERS** Description: **MAILERS**

Complete ONLY if direct expenditure to benefit C/O: Candidate / Officeholder name: Office sought: Office held:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED