

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: 7
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>MR</u> FIRST <u>GARY</u> MI <u>E</u>	OFFICE USE ONLY Date Received RECEIVED JUL 15 2016 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
	NICKNAME LAST <u>BURNS</u> SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>Box 3021 Victoria, TX 77903</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(361) 220-2284</u>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>MR</u> FIRST <u>John</u> MI <u>M</u>	OFFICE USE ONLY	
	NICKNAME LAST <u>MINTS</u> SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>77 Joe Beaver Ln. Victoria, TX 77905</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(361) 573-5855</u>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <u>2 / 21 / 16</u> <u>6 / 30 / 16</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>11 / 1 / 15</u>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
	12 OFFICE OFFICE HELD (if any) <u>Co. Comm. #3</u>	13 OFFICE SOUGHT (if known) <u>Co. Com. #3</u>	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** 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		

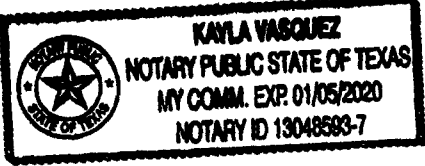
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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

15 C/OH NAME		16 ACCOUNT # (Ethics Commission Filers)
17 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. **	
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	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 \$
	EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ <u>3,000</u>
	CONTRIBUTION BALANCE	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES \$ <u>6,887³³</u>	
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$	
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ <u>38,500</u>	

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Gary Burns

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Gary Burns, this the July day of 15th, 20 16, to certify which, witness my hand and seal of office.

Kayla Vasquez

Signature of officer administering oath

Kayla Vasquez

Printed name of officer administering oath

Elections Deputy

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: <u>3</u>	
2 FILER NAME <u>Gary Burns</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>2/22/16</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Letsy Burns</u>	7 Amount of contribution (\$) <u>500</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>3830 Coletoville Rd Victoria, TX</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <u>Retired</u>		10 Employer (See Instructions)	
Date <u>2/22/16</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Bill Ruddock</u>	Amount of contribution (\$) <u>100</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>121 Tradewind Dr. Victoria TX 77904</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Retired</u>		Employer (See Instructions)	
Date <u>2/22/16</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Allen Gauss</u>	Amount of contribution (\$) <u>100</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>4700 SW Moody Victoria TX 77905</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Construction</u>		Employer (See Instructions)	
Date <u>3/6/16</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Mary Sue Roontz Nelson</u>	Amount of contribution (\$) <u>100</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>Box 236 Placedo TX 77977</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Rancher</u>		Employer (See Instructions)	
Date <u>3/6/16</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Jeff Lyon</u>	Amount of contribution (\$) <u>100</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>704 W. Commercial Victoria TX 77904</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Ag. Radio Co.</u>		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 3	
2 FILER NAME Gary Burns		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/6/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Gus / Cheryl Kroos	7 Amount of contribution (\$) 50	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 213 Westchester Victoria, TX 77904		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions)	
Date 3/6/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: James / Marjorie Stewart	Amount of contribution (\$) 180	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5008 Evergreen Victoria, TX 77904		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 3/6/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ruth Constant	Amount of contribution (\$) 180	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3202 Sam Houston Victoria, TX 77904		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions)	
Date 3/6/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Gary / B.J. Middleton	Amount of contribution (\$) 180	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Box 3893 Victoria, TX 77903		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions)	
Date 5/16/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Robert & Linda Barnwell	Amount of contribution (\$) 1,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Victoria, TX		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Property Owners & Mgr.		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 3	
2 FILER NAME Gary Burns		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/23/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Elton / Ann Culhoun	7 Amount of contribution (\$) 200	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 203 Willow Way Victoria, TX 77904		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Business Owner		10 Employer (See Instructions)	
Date 3/23/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Leann / Leonard Goetz	Amount of contribution (\$) 50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 305 E. Park Ave. Victoria, TX 77901		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 4/14/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Charles Borders Keon	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2203 N. De Leon Victoria, TX 77901		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Rancher		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)	
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)	

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 3
2 FILER NAME Gary Burns		3 ACCOUNT # (Ethics Commission filers)
4 Date 2/27/16	5 Payee name VLS 6 Payee address; City; State; Zip Code Victoria, TX.	7 Amount (\$) 400 ⁰⁰
8 Purpose of payment (See instructions regarding type of information required.) Donation - Advertising (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 2-22-16	Payee name UPS Store Payee address; City; State; Zip Code Victoria, TX	Amount (\$) 1468 ⁸⁷
Purpose of payment (See instructions regarding type of information required.) Advertising (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 3/6/16	Payee name ward wyatt Payee address; City; State; Zip Code Victoria, TX	Amount (\$) 1,740 ¹⁵
Purpose of payment (See instructions regarding type of information required.) Consultant (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 3-3-16	Payee name Quail MUD Payee address; City; State; Zip Code Victoria, TX	Amount (\$) 200 ⁰⁰
Purpose of payment (See instructions regarding type of information required.) Advertising (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 3
2 FILER NAME Gary Burns		3 ACCOUNT # (Ethics Commission filers)
4 Date 3/6/16	5 Payee name Middleton Outdoor 6 Payee address; City; State; Zip Code Victoria, TX	7 Amount (\$) 1500
8 Purpose of payment (See instructions regarding type of information required.) Advertising (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 2/25/16	Payee name Townsquare Radio Payee address; City; State; Zip Code Victoria, TX	Amount (\$) 886.95
Purpose of payment (See instructions regarding type of information required.) Advertising Radio (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 3-3-16	Payee name UPS Store Payee address; City; State; Zip Code Victoria, TX	Amount (\$) 377.40 24.36
Purpose of payment (See instructions regarding type of information required.) Advertising (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 3-23-16	Payee name N.A. Academy Payee address; City; State; Zip Code Victoria, TX	Amount (\$) 350
Purpose of payment (See instructions regarding type of information required.) Donation - Advertising (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: 3

2 FILER NAME Gary Burns 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>4-12-16</u>	5 Payee name <u>Revista</u>	7 Amount (\$) <u>317-</u>
6 Payee address; City; State; Zip Code <u>Victoria TX</u>		

8 Purpose of payment (See instructions regarding type of information required.) <u>Advertising</u> <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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