

# 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 MR FIRST GARY MI  
NICKNAME LAST BURNS SUFFIX

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE  
Box 4806  
Victoria, TX 77909

Date Hand-delivered or Date Postmarked

10/4/04 10:55 AM

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(361) 220-2284

Receipt #

Amount

6 CAMPAIGN TREASURER NAME

MS / MRS / MR MR FIRST John MI  
NICKNAME LAST MINTS SUFFIX

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
77 Joe Beaver Ln. Victoria, TX 77905

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(361) 573-5855

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 Month Day Year  
7/16/04 THROUGH 10/1/04

11 ELECTION

ELECTION DATE Month Day Year ELECTION TYPE  
11/02/04  Primary  Runoff  General  Special

12 OFFICE

OFFICE HELD (if any)

N/A

13 OFFICE SOUGHT (if known)

County Commissioner # 3

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

*Burns, Gary E*

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

\*\* This box is for notice of political expenditures 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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS

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

\$

*3155<sup>00</sup>*

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

*8479<sup>97</sup>*

EXPENDITURE TOTALS

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

\$

*—*

4. TOTAL POLITICAL EXPENDITURES

\$

*2261<sup>92</sup>*

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

*11,004*

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

*20,000*

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.

*Gary Burns*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Gary Burns* this the *4th* day of *October*, 20 *04*, to certify which, witness my hand and seal of office.

*Sonia M. Jaime*  
Signature of officer administering oath

*Sonia M. Jaime*  
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: <b>5</b>	
2 FILER NAME: <b>BURNS, GARY E.</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date: <b>8/6/14</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): <b>Don Truman</b>	7 Amount of contribution (\$): <b>\$ 300</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code: <b>1507 N. Ben Jordan Victoria, TX 77901</b>			
9 Principal occupation / Job title (See Instructions): <b>Business Owner</b>		10 Employer (See Instructions)	
Date: <b>8/24/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): <b>Dolly Clements</b>	Amount of contribution (\$): <b>\$ 100</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code: <b>Box 3987 Victoria, TX 77903</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date: <b>9/4/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): <b>Louise O'Connor</b>	Amount of contribution (\$): <b>\$ 300</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date: <b>9/4/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): <b>Bill Jones</b>	Amount of contribution (\$): <b>\$ 100</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code: <b>Box 1997 Victoria, TX 77902</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date: <b>9/15/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): <b>Robert Hewitt</b>	Amount of contribution (\$): <b>\$ 1000</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code: <b>One O'Connor Plaza Ste. 1100 Victoria, TX 77901</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES:    ⇨    ⇨    ⇨    ⇨    ⇨    ⇨

\$

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address;    City;    State;    Zip Code		

10 Principal occupation / Job title (See Instructions)	11 Employer (See Instructions)
--	--------------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address;    City;    State;    Zip Code		

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

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address;    City;    State;    Zip Code		

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

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address;    City;    State;    Zip Code		

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

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address;    City;    State;    Zip Code		

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

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
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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: 5

2 FILER NAME

BURNS, GARY E

3 ACCOUNT # (Ethics Commission files)

4 Date

9/10

5 Full name of contributor

O'Connor Brothers out-of-state PAC (ID#)

6 Contributor address: City: State: Zip Code

One O'Connor Plaza, Ste 1100  
Victoria, TX 77901

7 Amount of contribution (\$)

\$300

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

Ranchers

10 Employer (See Instructions)

Self

Date

9/21/4

Full name of contributor

Charles & Rebecca Lowe out-of-state PAC (ID#)

Contributor address: City: State: Zip Code

10420 S.A. River Rd.  
Victoria, TX 77905

Amount of contribution (\$)

\$500

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Investor

Employer (See Instructions)

Self

Date

9/21/4

Full name of contributor

Milton S. Greeson, JR. out-of-state PAC (ID#)

Contributor address: City: State: Zip Code

Box 2509  
Victoria, TX 77902

Amount of contribution (\$)

\$500

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

Self

Date

9/21/4

Full name of contributor

Morgan Dunn O'Connor out-of-state PAC (ID#)

Contributor address: City: State: Zip Code

Box 290  
Victoria, TX 77902

Amount of contribution (\$)

\$250

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Lawyer

Employer (See Instructions)

Self

Date

9/23/4

Full name of contributor

Gussardo Realty out-of-state PAC (ID#)

Contributor address: City: State: Zip Code

Box 4732 Victoria, TX 77913

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Real Estate

Employer (See Instructions)

Self

ATTACH ADDITIONAL COPIES OF THIS FORM 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: **5**

2 FILER NAME **BURNS, Gary E**

3 ACCOUNT # (Ethics Commission files)

4 Date **9/23/4**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Dunn Services**

7 Amount of contribution (\$) **\$100**

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code  
**981 Meyersville Rd.  
Meyersville, TX 77974**

9 Principal occupation / Job title (See Instructions)  
**Construction**

10 Employer (See Instructions)  
**Self**

Date **9/23/4**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Jay Easley**

Amount of contribution (\$) **\$100**

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code  
**184 Verhelle Rd Cuero, TX 77954**

Principal occupation / Job title (See Instructions)  
**Rancher**

Employer (See Instructions)  
**Self**

Date **9/26/4**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Dave Hill**

Amount of contribution (\$) **\$50**

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code  
**Box 5685 Victoria, TX 77903**

Principal occupation / Job title (See Instructions)  
**Insurance**

Employer (See Instructions)  
**Self**

Date **9/26/4**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Arthur/Shirley Buckert**

Amount of contribution (\$) **\$50**

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code  
**414 Charleston Dr. Victoria, TX 77904**

Principal occupation / Job title (See Instructions)  
**Real Estate**

Employer (See Instructions)  
**Self**

Date **9/26/4**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Bill Lauderman**

Amount of contribution (\$) **\$100**

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code  
**36 Musket Dr. Victoria, TX 77905**

Principal occupation / Job title (See Instructions)  
**Petroleum Consultant**

Employer (See Instructions)  
**Self**

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
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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: <b>5</b>	
2 FILER NAME <b>BURNS, Gary E</b>		3 ACCOUNT # (Ethics Commission files)	
4 Date <b>9/26/4</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Luann O'CONNOR</b>	7 Amount of contribution (\$) <b>4/00</b>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <b>Box 1398 Victoria, TX 77902</b>			
9 Principal occupation / Job title (See Instructions) <b>Ranching - Real Estate</b>		10 Employer (See Instructions) <b>Self</b>	
Date <b>9/26/4</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Gas Kroos</b>	Amount of contribution (\$) <b>4/00</b>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <b>213 Westchester Victoria, TX 77904</b>			
Principal occupation / Job title (See Instructions) <b>Manager</b>		Employer (See Instructions) <b>HEB</b>	
Date <b>10/1/4</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Dun Krueger</b>	Amount of contribution (\$) <b>4500</b>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <b>Box 3865 Victoria, TX 77903</b>			
Principal occupation / Job title (See Instructions) <b>Construction</b>		Employer (See Instructions) <b>Self</b>	
Date <b>10/1/4</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Walker, Keeling, &amp; Carroll, LLP</b>	Amount of contribution (\$) <b>4250</b>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <b>210 E. Constitution Victoria, TX 77902</b>			
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>Self</b>	
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			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM 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:  
**5**

FILER NAME **BURNS, Gary E.** 3 ACCOUNT # (Ethics Commission filers)

4 Date <b>9/24/4</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>Marilyn Key</b>	7 Amount of contribution (\$) <b>.</b>	8 In-kind contribution description (if applicable) <b>\$250</b>
6 Contributor address; City; State; Zip Code <b>Victoria, TX</b>			

9 Principal occupation / Job title (See instructions) **Artist** 10 Employer (See instructions)  
**SELF**

Date <b>9/27/4</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>Alyse Quintavilla</b>	Amount of contribution (\$) <b>\$55</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>107 Greenway Victoria, TX 77904</b>			

Principal occupation / Job title (See instructions) **Student** Employer (See instructions)

Date <b>9/24/4</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>Kelly &amp; Beth High</b>	Amount of contribution (\$) <b>.</b>	In-kind contribution description (if applicable) <b>\$100</b>
Contributor address; City; State; Zip Code <b>6603 N. Navarro Victoria, TX 77904</b>			

Principal occupation / Job title (See instructions) **Retail - Bus. owner** Employer (See instructions)  
**SELF**

Date <b>9/24/4</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>Hall Electric</b>	Amount of contribution (\$) <b>.</b>	In-kind contribution description (if applicable) <b>\$139</b>
Contributor address; City; State; Zip Code <b>7001 N. Navarro Victoria, TX. 77904</b>			

Principal occupation / Job title (See instructions) **Retail** Employer (See instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$) <b>.</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED  
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <b>3</b>
2 FILER NAME <b>BURNS, Gary E.</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>8/7/4</b>	5 Payee name <b>Wal Mart</b>	7 Amount (\$) <b>152<sup>39</sup></b>
6 Payee address; City; State; Zip Code <b>Victoria, TX 77902</b>		
8 Purpose of payment (See instructions regarding type of information required.) <b>Advertising - Purchase Donation to Auction</b>		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>9/6/4</b>	Payee name <b>Victoria Advocate</b>	Amount (\$) <b>111<sup>06</sup></b>
Payee address; City; State; Zip Code <b>Box 1518 Victoria, TX, 77902</b>		
Purpose of payment (See instructions regarding type of information required.) <b>Advertising</b>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>9/6/4</b>	Payee name <b>Office Max</b>	Amount (\$) <b>35<sup>48</sup></b>
Payee address; City; State; Zip Code <b>Victoria, TX</b>		
Purpose of payment (See instructions regarding type of information required.) <b>office Copies - Advertising</b>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>9/23/4</b>	Payee name <b>Victoria Advocate</b>	Amount (\$) <b>205<sup>05</sup></b>
Payee address; City; State; Zip Code <b>Box 1518 Victoria, TX, 77902</b>		
Purpose of payment (See instructions regarding type of information required.) <b>Advertising</b>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

<b>LOANS</b>		<b>SCHEDULE E</b>	
<p><b>The INSTRUCTION GUIDE explains how to complete this form.</b></p>		<p><b>1</b> Total pages Schedule E:</p>	
<p><b>2</b> FILER NAME</p>		<p><b>3</b> ACCOUNT # (Ethics Commission filers)</p>	
<p><b>4</b> TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒</p>		<p><b>\$</b></p>	
<p><b>5</b> Date of loan</p>	<p><b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)</p>	<p><b>9</b> Loan Amount (\$)</p>	
<p><b>6</b> Is lender a financial institution? Y        N</p>	<p><b>8</b> Lender address;   City;   State;   Zip Code</p>	<p><b>10</b> Interest rate</p>	
		<p><b>11</b> Maturity date</p>	
<p><b>12</b> Principal occupation / Job title (See Instructions)</p>		<p><b>13</b> Employer (See Instructions)</p>	
<p><b>14</b> Description of Collateral <input type="checkbox"/> none</p>			
<p><b>15</b> GUARANTOR INFORMATION  <input type="checkbox"/> not applicable</p>	<p><b>16</b> Name of guarantor</p>	<p><b>18</b> Amount Guaranteed (\$)</p>	
		<p><b>17</b> Guarantor address;   City;   State;   Zip Code</p>	
<p><b>19</b> Principal Occupation</p>		<p><b>20</b> Employer</p>	
<p>Date of loan</p>	<p>Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)</p>	<p>Loan Amount (\$)</p>	
<p>Is lender a financial institution? Y        N</p>	<p>Lender address;   City;   State;   Zip Code</p>	<p>Interest rate</p>	
		<p>Maturity date</p>	
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p>Description of Collateral <input type="checkbox"/> none</p>			
<p>GUARANTOR INFORMATION  <input type="checkbox"/> not applicable</p>	<p>Name of guarantor</p>	<p>Amount Guaranteed (\$)</p>	
		<p>Guarantor address;   City;   State;   Zip Code</p>	
<p>Principal Occupation</p>		<p>Employer</p>	
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b> <b>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</b></p>			

## POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

3

2 FILER NAME

BURNS, GARY E

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/24/4

5 Payee name

JAM'S

6 Payee address; City; State; Zip Code

9202 N. Navarro  
Victoria, TX 77904

7 Amount (\$)

206.00

8 Purpose of payment (See instructions regarding type of information required.)

Supplies for  
Sundriser

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

9/24/4

Payee name

HEB

Payee address; City; State; Zip Code

1505 E. Rio Grande  
Victoria, TX 77901

Amount (\$)

80.52

Purpose of payment (See instructions regarding type of information required.)

Supplies for Sundriser

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

9/24/4

Payee name

Dick's Food Store

Payee address; City; State; Zip Code

1302 E. Crestwood  
Victoria, TX 77901

Amount (\$)

593.12

Purpose of payment (See instructions regarding type of information required.)

Food for Sundriser

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

9/24/4

Payee name

Club Westerner

Payee address; City; State; Zip Code

1005 W. Constitution  
Victoria, TX 77901

Amount (\$)

9500

Purpose of payment (See instructions regarding type of information required.)

Rental of Hall

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

3

2 FILER NAME

Burns, Gary E

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/1/4

5 Payee name

Victoria Advocate

7 Amount (\$)

37750

6 Payee address; City; State; Zip Code

Box 1518  
Victoria, TX 77902

8 Purpose of payment (See instructions regarding type of information required.)

Advertising

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

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

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

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

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

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED