

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | |
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| 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 <u>MR</u> FIRST LAST MI SUFFIX GARY E. BURNS | OFFICE USE ONLY Date Received OCT - 6 2008 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE Box 3021 Victoria, TX, 77903 | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (361) 572-4725 | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR <u>MR</u> FIRST LAST MI SUFFIX John M. Mints | | |
| 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 | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input 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 7/16/08 09/25/08 | | |
| 11 ELECTION | ELECTION DATE Month Day Year 11/4/8 | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | |
| 12 OFFICE | OFFICE HELD (if any) County Com. #3 | 13 OFFICE SOUGHT (if known) County Com. #3 | |
| 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 | | |

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

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

15 C/OH NAME Gary Burns 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. **

additional pages

| | |
|-----------------------------------|--------------------------------------|
| COMMITTEE TYPE | COMMITTEE NAME |
| <input type="checkbox"/> GENERAL | |
| <input type="checkbox"/> SPECIFIC | |
| | 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 | \$ 25 ⁰⁰ |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 2950 ⁰⁰ |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 1819 ⁰⁵ |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 25,000 |

19 AFFIDAVIT

AFFIX NOTARY 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 6th day of Oct., 2008, to certify which, witness my hand and seal of office.

Anna M. Longoria Anna M. Longoria Notary Public
Signature of officer administering oath Printed name of officer administering oath 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 FILER NAME <i>Gary Burns</i> | | 3 ACCOUNT # (Ethics Commission files) | |
| 4 Date <i>7/22</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cole, Cole, + Easley</i> | 7 Amount of contribution (\$) <i>100</i> | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code <i>Box 510 Victoria, TX 77902</i> | | (If travel outside of Texas, complete Schedule T) | |
| 9 Principal occupation / Job title (See Instructions) <i>A Hwy</i> | | 10 Employer (See Instructions) <i>Self</i> | |
| Date <i>7/22</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lee/Dixie Swearingen</i> | Amount of contribution (\$) <i>200</i> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code <i>803 LeeAnn Victoria, TX 77904</i> | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) <i>Real Estate</i> | | Employer (See Instructions) <i>Self</i> | |
| Date <i>7/22</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mark + Virginia Pierlam</i> | Amount of contribution (\$) <i>100</i> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code <i>807 N. Vine Victoria, TX 77901</i> | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) <i>Rancher</i> | | Employer (See Instructions) <i>Self</i> | |
| Date <i>7/22</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Elton + Ann Calhoun</i> | Amount of contribution (\$) <i>50</i> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code <i>803 Willow Way Victoria 77904</i> | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) <i>Business Owner</i> | | Employer (See Instructions) <i>Self</i> | |
| Date <i>7/22</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John/Sue Gibbs</i> | Amount of contribution (\$) <i>100</i> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code <i>1234 Brownson Victoria, TX 77905</i> | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) <i>Retailer</i> | | 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 this 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#: _____) 7 Pledgor address; City; State; Zip Code | 8 Amount of pledge (\$) | 9 In-kind description (if applicable) |
| <i>(If travel outside of Texas, complete Schedule T)</i> | | | |
| 10 Principal occupation / Job title (See Instructions) | | 11 Employer (See Instructions) | |
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code | Amount of pledge (\$) | In-kind description (if applicable) |
| <i>(If travel outside of Texas, complete Schedule T)</i> | | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code | Amount of pledge (\$) | In-kind description (if applicable) |
| <i>(If travel outside of Texas, complete Schedule T)</i> | | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code | Amount of pledge (\$) | In-kind description (if applicable) |
| <i>(If travel outside of Texas, complete Schedule T)</i> | | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code | Amount of pledge (\$) | In-kind description (if applicable) |
| <i>(If travel outside of Texas, complete Schedule T)</i> | | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

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 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 FILER NAME | | 3 ACCOUNT # (Ethics Commission files) | |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 6/24 | Dr. Moscatelli 6 Contributor address; City; State; Zip Code 4452 SW Moody Victoria, TX 77905 | 50 ⁰⁰ | |
| (If travel outside of Texas, complete Schedule T) | | | |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| vet | | Self | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 6/24 | John Crews Contributor address; City; State; Zip Code 3901 N. MAIN Victoria, TX 77901 | 50 ⁰⁰ | |
| (If travel outside of Texas, complete Schedule T) | | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Realtor | | Caldwell | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 6-24 | Reo Easley SR. Contributor address; City; State; Zip Code Keefe Rd VICTORIA TX 77901 | 25 ⁰⁰ | |
| (If travel outside of Texas, complete Schedule T) | | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Retired | | | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 6-24 | Ray Walden Contributor address; City; State; Zip Code 706 Oak Ridge St VICTORIA TX 77905 | 50 ⁰⁰ | |
| (If travel outside of Texas, complete Schedule T) | | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Business Owner | | Self | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 6-24 | John Smajstris Contributor address; City; State; Zip Code DAROSTA TX | 25 ⁰⁰ | |
| (If travel outside of Texas, complete Schedule T) | | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Teacher | | | |

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A: | |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission files) | |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 7-14 | Speck / Bobby Phillips 6 Contributor address; City; State; Zip Code 904 Santa Fe Victoria, TX 77904 | 50 | |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Ret - Retired | | Self | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | Bobby Jacob Contributor address; City; State; Zip Code 6041 Country Club Victoria, TX 77904 | 25 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Banker | | | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 7-16 | AC / Marie Frankson Contributor address; City; State; Zip Code 305 Sunnyside Dr 77904 | 50 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Retired Engineer | | | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 7-24 | Kemper Williams Contributor address; City; State; Zip Code 1804 N. Vine VICTORIA TX 77901 | 50 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Retired Attorney | | | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | J.M. Potter Contributor address; City; State; Zip Code 5211 Lilac VICTORIA TX 77904 | 25 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Doctor | | Gulf Bend | |

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | | | |
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| The Instruction Guide explains how to complete this form. | | | | 1 Total pages Schedule A: | |
| 2 FILER NAME <i>Gary Burns</i> | | | | 3 ACCOUNT # (Ethics Commission files) | |
| 4 Date <i>7/16</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Dennis Calka</i> | 6 Contributor address; City; State; Zip Code <i>4904 John Stockbaven Victoria</i> | 7 Amount of contribution (\$) <i>50</i> | 8 In-kind contribution description (if applicable) | |
| 9 Principal occupation / Job title (See Instructions) <i>Real Estate</i> | | | 10 Employer (See Instructions) <i>Self</i> | | |
| Date <i>7/16</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Arthur Buckert</i> | Contributor address; City; State; Zip Code <i>3901 N. Main Victoria, TX 77901</i> | Amount of contribution (\$) <i>50</i> | In-kind contribution description (if applicable) | |
| Principal occupation / Job title (See Instructions) <i>Retired Real Estate</i> | | | Employer (See Instructions) <i>Self</i> | | |
| Date <i>7/16</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Bill Ruddock</i> | Contributor address; City; State; Zip Code <i>121 Tradewind Victoria, TX 77917</i> | Amount of contribution (\$) <i>25</i> | In-kind contribution description (if applicable) | |
| Principal occupation / Job title (See Instructions) <i>Retired</i> | | | Employer (See Instructions) <i>Self</i> | | |
| Date <i>7/14</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Ricki McKinney</i> | Contributor address; City; State; Zip Code <i>383 Sherman Valley Victoria TX 77904</i> | Amount of contribution (\$) <i>50</i> | In-kind contribution description (if applicable) | |
| Principal occupation / Job title (See Instructions) <i>Retired - self employ</i> | | | Employer (See Instructions) <i>Self</i> | | |
| Date <i>7/14</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Dr. Jerry Crabtree</i> | Contributor address; City; State; Zip Code <i>856 Adcock Rd. 77905</i> | Amount of contribution (\$) <i>2500</i> | In-kind contribution description (if applicable) | |
| Principal occupation / Job title (See Instructions) <i>Doctor</i> | | | Employer (See Instructions) <i>Retired</i> | | |

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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 | | 3 ACCOUNT # (Ethics Commission files) | |
| 4 Date 9-4 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Gene Higgins</i> 6 Contributor address; City; State; Zip Code <i>105 Creekside 77904</i> | 7 Amount of contribution (\$) <i>25.00</i> | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) <i>INVESTMENT BROKER</i> | | 10 Employer (See Instructions) <i>self</i> | |
| Date 9-4 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Peter / Jean Riesz</i> Contributor address; City; State; Zip Code <i>6120 Country Club 77904</i> | Amount of contribution (\$) <i>25.00</i> | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) <i>DOCTOR</i> | | Employer (See Instructions) <i>self</i> | |
| Date 9-4 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Jim / Jennifer Hartman</i> Contributor address; City; State; Zip Code <i>3202 N. Navarro Victoria TX 77901</i> | Amount of contribution (\$) <i>500.00</i> | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) <i>SELF EMP.</i> | | Employer (See Instructions) <i>self</i> | |
| Date 7-16 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Dale Hunt</i> Contributor address; City; State; Zip Code <i>204 Willow Way 77904</i> | Amount of contribution (\$) <i>25.00</i> | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) <i>Accountant</i> | | Employer (See Instructions) <i>self</i> | |
| Date 7-16 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Alfred Kopecky</i> Contributor address; City; State; Zip Code <i>112 Holly wood 77904</i> | Amount of contribution (\$) <i>25.00</i> | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) <i>DR.</i> | | Employer (See Instructions) <i>self</i> | |

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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 | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Date 9-4 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tim / Nedra Hudson 6 Contributor address; City; State; Zip Code 305 N. Moody 77901 | 7 Amount of contribution (\$) 50 ⁰⁰ | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) PHYSICIAN DIRECTOR | | 10 Employer (See Instructions) UHVC | |
| Date 9-4 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Charles Moscatelli Contributor address; City; State; Zip Code 4267 FM 1685 77915 | Amount of contribution (\$) 75 ⁰⁰ | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) RANCHER | | Employer (See Instructions) RETIRED - SELF | |
| Date 9-4 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Peter / Norma Riesz Contributor address; City; State; Zip Code 6120 County Club 77917 | Amount of contribution (\$) 50 ⁰⁰ | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) DOCTOR | | Employer (See Instructions) SELF | |
| Date 9-4 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ronald / Patricia Plowman Contributor address; City; State; Zip Code 307 Leisure hwy. 77904 | Amount of contribution (\$) 100 ⁰⁰ | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) DOCTOR | | Employer (See Instructions) SELF | |
| Date 9-4 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Buddy Loe Contributor address; City; State; Zip Code 106 Professional Pl 77907 | Amount of contribution (\$) 100 ⁰⁰ | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) DOCTOR | | 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 | | 3 ACCOUNT # (Ethics Commission files) | |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Laurie / Phyllis Keller | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 7/21 | 6 Contributor address; City; State; Zip Code Box 2549 Victoria, Tx. 77901 | 100 | |
| 9 Principal occupation / Job title (See Instructions) Self emp. - UPD | | 10 Employer (See Instructions) Self | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Don Truman | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 7/21 | Contributor address; City; State; Zip Code Box 1057 Victoria, Tx. 77902 | 500 | |
| Principal occupation / Job title (See Instructions) Self Emp. | | Employer (See Instructions) Self | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gary & B.J. Middleton | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 9/4 | Contributor address; City; State; Zip Code Box 3893 77903 | 100 | |
| Principal occupation / Job title (See Instructions) Retiree | | Employer (See Instructions) Self | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rusty / Tom's Donahue | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 9/4 | Contributor address; City; State; Zip Code 501 Chimney Rock 77907 | 25 | |
| Principal occupation / Job title (See Instructions) Insurance Agent | | Employer (See Instructions) Self | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robert / Bernadette Seale | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 9/4 | Contributor address; City; State; Zip Code 1598 Kolodziej 77904 | 100 | |
| Principal occupation / Job title (See Instructions) Self - Retired | | Employer (See Instructions) Self | |

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POLITICAL EXPENDITURES

SCHEDULE F

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule F: 1 |
| 2 FILER NAME <i>Gary Burns</i> | | 3 ACCOUNT # (Ethics Commission filers) |
| 4 Date <i>8-22</i> | 5 Payee name <i>Martin Prints</i> | 7 Amount (\$) <i>151.55</i> |
| 6 Payee address; City; State; Zip Code <i>2407 N. Laurent VICTORIA TX 77901</i> | | |
| 8 Purpose of payment (See instructions regarding type of information required.) (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 <i>9/6</i> | Payee name <i>Chris Nicholson</i> | Amount (\$) <i>1300⁰⁰</i> |
| Payee address; City; State; Zip Code <i>909 Bellevue VICTORIA TX 77904</i> | | |
| Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T) | | -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held |
| Date <i>9-2</i> | Payee name <i>Revista Victoria</i> | Amount (\$) <i>292.50</i> |
| Payee address; City; State; Zip Code <i>2001 E STAYTON Victoria, TX. 77901</i> | | |
| Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T) | | -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held |
| Date <i>8/3</i> | Payee name <i>Lutheran Church</i> | Amount (\$) <i>75⁰⁰</i> |
| Payee address; City; State; Zip Code <i>2635 Coleville Rd Victoria, TX 77905</i> | | |
| Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T) | | -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held |
| ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED | | |