

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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

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

\$ *105*

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

\$ *1805*

EXPENDITURE TOTALS

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

\$ *—*

4. TOTAL POLITICAL EXPENDITURES

\$ *4960³⁷*

CONTRIBUTION BALANCE

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

\$ *12,809⁰⁰*

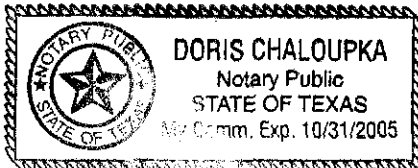
OUTSTANDING LOAN TOTALS

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Gary E. Burns
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Gary Burns*

this the *25TH* day

of *October*, 20*07*, to certify which, witness my hand and seal of office.

Doris Chaloupka
Signature of officer administering oath

Doris Chaloupka
Printed name of officer administering oath

Doris Chaloupka
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>BARRIS, GARY E.</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>10/3/04</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Mark/Melita Zafareo</u>	7 Amount of contribution (\$) <u>\$50</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>205 Pasadena Dr. 77904</u>			
9 Principal occupation / Job title (See instructions)		10 Employer (See instructions) <u>Self</u>	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Milton Chapman</u>	Amount of contribution (\$) <u>\$100</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>231 Spur Dr. Victoria, TX 77904</u>			
Principal occupation / Job title (See instructions) <u>Lawyer</u>		Employer (See instructions) <u>Self</u>	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Pablo + Judy Garza</u>	Amount of contribution (\$) <u>\$100</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>Box 2644 Victoria, TX 77902</u>			
Principal occupation / Job title (See instructions) <u>Doctor</u>		Employer (See instructions) <u>Self</u>	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Robert Lee</u>	Amount of contribution (\$) <u>\$50</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>106 Professional Blk DR. 77904</u>			
Principal occupation / Job title (See instructions) <u>Dentist</u>		Employer (See instructions) <u>Self</u>	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Jan + Jennifer Hartman</u>	Amount of contribution (\$) <u>\$200</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>201 Wildrose Victoria, TX 77904</u>			
Principal occupation / Job title (See instructions) <u>Self Employed</u>		Employer (See instructions) <u>Self</u>	

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 3	
2 FILER NAME BURNS, Gary E		3 ACCOUNT # (Ethics Commission file)	
4 Date 10/18/4	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) KERRY McCAN	7 Amount of contribution (\$) \$200	8 In-kind contribution description (if applicable)
6 Contributor address; City, State, Zip Code Box 146 Victoria, TX 77907			
9 Principal occupation / Job title (See instructions) Rancher		10 Employer (See instructions) Self	
Date 10/18/4	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) E.R. (NOOR) RIDE	Amount of contribution (\$) \$200	In-kind contribution description (if applicable)
Contributor address; City, State, Zip Code 6011 Country Club Dr. Victoria, TX 77904			
Principal occupation / Job title (See instructions) Retired		Employer (See instructions)	
Date 10/25/4	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) O.D./Kathleen Edwards	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City, State, Zip Code Box 459 Sinton, TX 78387			
Principal occupation / Job title (See instructions) Business Owner		Employer (See instructions) Self	
Date 10/25/4	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Joe/Mary Anne Wyatt	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City, State, Zip Code 308 Leisure Ln. Victoria, TX 77904			
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date 10/25/4	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) James & Lynn Anderson	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City, State, Zip Code 405 Cherokee Ln Victoria, TX 77901			
Principal occupation / Job title (See instructions) Business Owner		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: 3	
2 FILER NAME BURNS, GARY E.		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/22/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dawn & Tim Euton	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) \$500 Advertising
6 Contributor address; City; State; Zip Code 608 N. Moody Victoria, TX 77901			
9 Principal occupation / Job title (See Instructions) Business Owner		10 Employer (See Instructions) Self	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 2
2 FILER NAME BURNS, GARY E.		3 ACCOUNT # (Ethics Commission files)
4 Date 10/8/4	5 Payee name Victoria Advocate	7 Amount (\$) 360⁰⁰
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 10/15/4	Payee name Victoria Advocate	Amount (\$) 354²⁴
Payee address; City; State; Zip Code Box 1518 Victoria, TX 77902		
Purpose of payment (See instructions regarding type of information required.) Advertising		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 10/15/4	Payee name Chris Nicholson	Amount (\$) 1151⁰⁰
Payee address; City; State; Zip Code Victoria, TX		
Purpose of payment (See instructions regarding type of information required.) Advertising + Expenses		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 10/18/4	Payee name Victoria TV Group	Amount (\$) 1882⁷⁵
Payee address; City; State; Zip Code Victoria, TX		
Purpose of payment (See instructions regarding type of information required.) Advertising		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 2

2 FILER NAME Burns, Gary E.

3 ACCOUNT # (Ethics Commission form)

4 Date: 10/20

5 Payee name: Post office

6 Payee address: Victoria, TX 77903

7 Amount (\$): 555⁰⁰

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

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

Date: 10/21

Payee name: Post office

Payee address: Victoria, TX 77903

Amount (\$): 74⁰⁰

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

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

Date: _____

Payee name: Victoria Advocate

Payee address: Box 1518 Victoria, TX 77912

Amount (\$): 58338⁰⁰

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

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

Date: _____

Payee name: _____

Payee address: _____

Amount (\$): _____

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