

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)

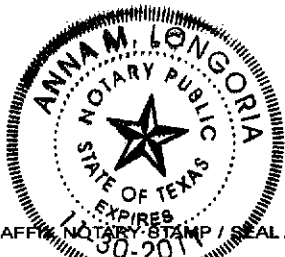
additional pages

.. 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
<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	\$ 536
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1985
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2403 ¹²
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 10,721 ⁰⁹
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 25,500 ⁰⁹

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

Sworn to and subscribed before me, by the said GARY Burns, this the 27th 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 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 10-2-8	5 Payee name Republican Women	7 Amount (\$) 100⁰⁰
6 Payee address; City; State; Zip Code Victoria, TX		
8 Purpose of payment (See instructions regarding type of information required.) Promo <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
Date 9-28-8	Payee name Victoria County	Amount (\$) 3192
Payee address; City; State; Zip Code Victoria, TX 77901		
Purpose of payment (See instructions regarding type of information required.) Voter List <small>(If travel outside of Texas, complete Schedule T)</small>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10-10-8	Payee name Martin Printing	Amount (\$) 168²¹
Payee address; City; State; Zip Code Victoria, TX		
Purpose of payment (See instructions regarding type of information required.) Printing <small>(If travel outside of Texas, complete Schedule T)</small>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10-16-8	Payee name Narley Dav: Dealership	Amount (\$) 4500⁰⁰
Payee address; City; State; Zip Code Victoria, TX		
Purpose of payment (See instructions regarding type of information required.) Lease <small>(If travel outside of Texas, complete Schedule T)</small>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ \$			
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)		9 Loan Amount (\$)
6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code		10 Interest rate
			11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)	
14 Description of Collateral <input type="checkbox"/> none			
15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor		18 Amount Guaranteed (\$)
17 Guarantor address; City; State; Zip Code			
19 Principal Occupation		20 Employer	
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)		Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code		Interest rate
			Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral <input type="checkbox"/> none			
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor		Amount Guaranteed (\$)
Guarantor address; City; State; Zip Code			
Principal Occupation		Employer	

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

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

2 FILER NAME <i>Cary Burns</i>		1 Total pages Schedule F: <i>2</i>
3 ACCOUNT # (Ethics Commission filers)		

4 Date <i>10-21-8</i>	5 Payee name <i>Victoria Advocate</i>	7 Amount (\$) <i>219⁰⁰</i>
6 Payee address; City; State; Zip Code <i>Victoria, TX.</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>Advertising</i> (If travel outside of Texas, complete Schedule T)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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4 Date <i>10-21-8</i>	5 Payee name <i>Post Office</i>	7 Amount (\$) <i>33⁶⁰</i>
6 Payee address; City; State; Zip Code <i>Victoria, TX.</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>Postage</i> (If travel outside of Texas, complete Schedule T)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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4 Date <i>10-22-8</i>	5 Payee name <i>Lamar Advertising</i>	7 Amount (\$) <i>924⁸⁴</i>
6 Payee address; City; State; Zip Code <i>Victoria, TX.</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
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4 Date <i>10-24-8</i>	5 Payee name <i>Quail Creek HOA</i>	7 Amount (\$) <i>180⁰⁰</i>
6 Payee address; City; State; Zip Code <i>Victoria, TX.</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>Promo</i> (If travel outside of Texas, complete Schedule T)	9 -- 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 FILER NAME <i>Gary Burns</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>10/13</i>	5 Payee name <i>Viper Booster</i>	7 Amount (\$) <i>450⁰⁰</i>
6 Payee address; City; State; Zip Code <i>Victoria, TX,</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Advertising</i> <small>(If travel outside of Texas, complete Schedule T)</small>		9 <small>-- Complete if direct expenditure to benefit C/OH --</small> Candidate / Officeholder name Office sought Office held
Date <i>10/13</i>	Payee name <i>STJPTC</i>	Amount (\$) <i>250⁰⁰</i>
Payee address; City; State; Zip Code <i>Victoria, TX,</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Advertising</i> <small>(If travel outside of Texas, complete Schedule T)</small>		<small>-- Complete if direct expenditure to benefit C/OH --</small> 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.) <small>(If travel outside of Texas, complete Schedule T)</small>		<small>-- Complete if direct expenditure to benefit C/OH --</small> 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.) <small>(If travel outside of Texas, complete Schedule T)</small>		<small>-- Complete if direct expenditure to benefit C/OH --</small> Candidate / Officeholder name Office sought Office held

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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: 4	
2 FILER NAME: GARY BURNS		3 ACCOUNT # (Ethics Commission files)	
4 Date 10/23/08	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary Mueller	7 Amount of contribution (\$) 100⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 304 Salem Rd Victoria, TX.		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Dentist		10 Employer (See Instructions) Self	
Date 10/23/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tim/Dawn Euton	Amount of contribution (\$) 45⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Victoria, TX 77905		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Business Owners		Employer (See Instructions) Self	
Date 10/23/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Billy/Raonda Tanson	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6121 Country Club Victoria, TX. 77904		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Oilfield Services		Employer (See Instructions) Self	
Date 10/23/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner/Carole Mollen	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 204 Leisure Ln Victoria, TX		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Developer		Employer (See Instructions) Self	
Date 10/23/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard/Mary Hogan	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1305 N. Bridge Victoria, TX. 77901		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) Self	

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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#: _____)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
7 Pledgor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
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		(If travel outside of Texas, complete Schedule T)	
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		(If travel outside of Texas, complete Schedule T)	
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		(If travel outside of Texas, complete Schedule T)	
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		(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: 4	
2 FILER NAME GARY BURNS		3 ACCOUNT # (Ethics Commission files)	
4 Date 10/23/8	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Lewis Birgit Neitsch	7 Amount of contribution (\$) 100⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code Box 1601 Victoria, TX 77902		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Bus. Owners		10 Employer (See Instructions) Self	
Date 10/23/8	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Associated Builders & Contractor B.I. Act	Amount of contribution (\$) 500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 116 Jason St Victoria, TX 77901		(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)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Hartman, Barry	Amount of contribution (\$) 75⁰⁰	In-kind contribution description (if applicable) Beverages
Contributor address; City; State; Zip Code 704 Goldman, Victoria, TX 77901		(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)	

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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: 4	
2 FILER NAME GARY BURNS		3 ACCOUNT # (Ethics Commission file)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dawn / Jason Milowski	7 Amount of contribution (\$) 100⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 703 S. Main Victoria, TX 77901		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Consultant		10 Employer (See Instructions) Clough Harbor & Assoc. LLP	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Joe / Mary Anne Wyatt	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 308 Leisure Ln. Victoria, TX 77904		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bruce / Kirsten Eppinger	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 104 Wade Dr. Victoria 77904		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Gus / Cheryl Kroos	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 213 Westchester Victoria, TX 77904		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) HEB	
Date 10/23/8	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Test Lyon	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 704 W. Commercial Victoria, TX 77901		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) KREX	

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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: 4	
2 FILER NAME GARY BURNS		3 ACCOUNT # (Ethics Commission files)	
4 Date 10/22/8	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GARY BAY	7 Amount of contribution (\$) 40⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 115 Wearden Dr. Victoria, TX 77904		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions)	
Date 10/23/8	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Peggy Cunningham	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4507 N. John Stockbauer Victoria, TX 77904		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Self Business Owner		Employer (See Instructions) Self	
Date 10/23/8	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Amy Mundy	Amount of contribution (\$) 25⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 207 Salisbury Ln. Victoria, TX 77904		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Education		Employer (See Instructions) U of H	
Date 10/23/8	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Pattie/Mannin MINTS	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 77 Joe Beaver Ln. Victoria, TX 77905		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 10/23/8	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Buddy/Sandra Billups	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2202 N. Liberty Victoria, TX 77901		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Banker		Employer (See Instructions) 1st Victoria	

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