

# 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 <input checked="" type="checkbox"/> FIRST <b>GARY</b> MI <b>E.</b> NICKNAME LAST SUFFIX <b>BURNS</b>	OFFICE USE ONLY Date Received <b>JAN 13 2009</b> Date Hand-delivered or Date Postmarked <b>4:31 PM</b> 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 <b>Box 3024 Victoria, TX 77903</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(361) 220-2284</b>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST <b>John</b> MI <b>M.nts</b> LAST SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>77 Joe Beaver Ln. Victoria, TX 77905</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(361) 573-5855</b>		
9 REPORT TYPE	<input checked="" 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 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 <b>10 / 26 / 09    1 / 15 / 09</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>11 / 4 / 8</b>	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) <b>County Com. #3</b>	13 OFFICE SOUGHT (if known)	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	<p>** 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. **</p> Name Address / PO Box; Apt. / Suite #; City; State; Zip Code		
<b>GO TO PAGE 2</b>			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS


## FORM C/OH COVER SHEET PG 2

15 C/OH NAME <b>GARY BURNS</b>	16 ACCOUNT # (Ethics Commission filers)
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17 NOTICE FROM POLITICAL COMMITTEE(S)	<p>** 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. **</p>		
<input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	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	\$ <u>—</u>
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>3755<sup>00</sup></u>
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>—</u>
	4.	TOTAL POLITICAL EXPENDITURES	\$ <u>5719<sup>29</sup></u>
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>2,541<sup>19</sup></u>
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>25,500</u>

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 13th day of January 2009, 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:

3

2 FILER NAME

GARY BURNS

3 ACCOUNT # (Ethics Commission filers)

-

4 Date

11-1-8

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Claude/Mary V. Jacobs

7 Amount of contribution (\$)

100 -

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

308 Whitechurch  
Victoria, TX 77904

9 Principal occupation / Job title (See Instructions)

Insurance

10 Employer (See Instructions)

self

Date

11-1-8

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Mary Jane Ducek

Amount of contribution (\$)

25<sup>00</sup>

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

6108 Country Club Dr. 77904

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

11-1-8

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Fred Sanchez

Amount of contribution (\$)

30<sup>00</sup>

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

301 Berkshire  
Victoria, TX 77904

Principal occupation / Job title (See Instructions)

Real Estate

Employer (See Instructions)

Caldwell Banker

Date

11-1-8

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Robert/Bernadette Soale

Amount of contribution (\$)

1,000 -

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1598 Kolodziej  
Victoria, TX 77905

Principal occupation / Job title (See Instructions)

Self - Retired

Employer (See Instructions)

Date

11-4

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Donald Breech

Amount of contribution (\$)

50<sup>00</sup>

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Box 5221  
Victoria, TX 77903

Principal occupation / Job title (See Instructions)

Doctor

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.

# 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)
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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)
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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)
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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)
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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)
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**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: <b>3</b>	
2 FILER NAME <b>GARY BURNS</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Don Krueger</b>	7 Amount of contribution (\$) <b>150</b>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <b>Box 3865 Victoria, TX 77903</b>			
9 Principal occupation / Job title (See Instructions) <b>Builder</b>		10 Employer (See Instructions) <b>self</b>	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Don Polzin</b>	Amount of contribution (\$) <b>50</b>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <b>301 T90S Victoria, TX 77904</b>			
Principal occupation / Job title (See Instructions) <b>Manager</b>		Employer (See Instructions) <b>Gulf Bend</b>	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>James Kiening</b>	Amount of contribution (\$) <b>250</b>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <b>1001 Broadmore Victoria TX 77904</b>			
Principal occupation / Job title (See Instructions) <b>Business Owner</b>		Employer (See Instructions) <b>self</b>	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Kerry McCann</b>	Amount of contribution (\$) <b>200</b>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <b>Box 146 Victoria, TX 77902</b>			
Principal occupation / Job title (See Instructions) <b>Rancher</b>		Employer (See Instructions) <b>self</b>	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Lirebarger, Goggan Blair &amp; Sampson LLP</b>	Amount of contribution (\$) <b>500</b>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <b>Box 17428 Austin, TX 78760</b>			
Principal occupation / Job title (See Instructions) <b>Insurance</b>		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: <u>3</u>	
2 FILER NAME <u>GARY BURNS</u>				3 ACCOUNT # (Ethics Commission files)	
4 Date <u>11-3-8</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Richard Cisneros</u>	6 Contributor address; City; State; Zip Code <u>1503 S. Laurent 77901</u>		7 Amount of contribution (\$) <u>250<sup>00</sup></u>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) <u>Self employed</u>			10 Employer (See Instructions)		
Date <u>11-3-8</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jackie Parks</u>	Contributor address; City; State; Zip Code <u>563 Mission Valley Dr. Victoria TX 77905</u>		Amount of contribution (\$) <u>250<sup>00</sup></u>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <u>Self Employed</u>			Employer (See Instructions)		
Date <u>11-1-8</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>John Clegg</u>	Contributor address; City; State; Zip Code <u>700 Bob White Rd Victoria, Tx. 77905</u>		Amount of contribution (\$) <u>900<sup>00</sup></u>	In-kind contribution description (if applicable) <u>Rent Facility</u>
Principal occupation / Job title (See Instructions) <u>Self Employed</u>			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)		

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor 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.

1 Total pages Schedule F:

2

2 FILER NAME

GARY BURNS

3 ACCOUNT # (Ethics Commission filers)

4 Date

10-27-8

5 Payee name

U.S. Postmaster

7 Amount (\$)

784<sup>20</sup>

6 Payee address; City; State; Zip Code

Victoria, TX

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

11-1-8

Payee name

Chris Nicolson

Amount (\$)

370<sup>63</sup>

Payee address; City; State; Zip Code

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

11-3-8

Payee name

Victoria Advocate

Amount (\$)

269<sup>60</sup>

Payee address; City; State; Zip Code

311 E. Constitution  
Victoria, TX 77901

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

11-3-8

Payee name

Martin Printing

Amount (\$)

222<sup>83</sup>

Payee address; City; State; Zip Code

2407 N. Laurent  
Victoria, TX 77901

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

Advertising-Mailings

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

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.



<b>POLITICAL EXPENDITURES</b>		<b>SCHEDULE F</b>
The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <b>2</b>
2 FILER NAME <b>GARY BURNS</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>11-6-8</b>	5 Payee name <b>Chris Nicolson</b>	7 Amount (\$) <b>418<sup>19</sup></b>
6 Payee address; City, State; Zip Code <b>908 Bellevue Victoria, TX 77904</b>		
8 Purpose of payment (See instructions regarding type of information required.) <b>Postage + Mailings</b>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
Date <b>11-6-8</b>	Payee name <b>Instant Copy</b>	Amount (\$) <b>377<sup>26</sup></b>
Payee address; City, State; Zip Code <b>1810 N. Navarro Victoria, TX. 77904</b>		
Purpose of payment (See instructions regarding type of information required.) <b>Printing</b>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
Date <b>11-10-8</b>	Payee name <b>Chris Nicolson</b>	Amount (\$) <b>2500<sup>00</sup></b>
Payee address; City, State; Zip Code <b>908 Bellevue Victoria, TX. 77904</b>		
Purpose of payment (See instructions regarding type of information required.) <b>Manage Campaign</b>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
Date <b>12-12-8</b>	Payee name <b>Revista Victoria</b>	Amount (\$) <b>292<sup>50</sup></b>
Payee address; City, State; Zip Code <b>2001 E Staylor Victoria, TX 77901</b>		
Purpose of payment (See instructions regarding type of information required.) <b>Advertising</b>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 1

2 FILER NAME

*GARY BURNS*

3 ACCOUNT # (Ethics Commission filers)

4 Date

*11-1-8*

5 Payee name

*GAP Broadcasting*

6 Payee address; City; State; Zip Code

*Victoria, TX*

8 Amount (\$)

*300<sup>00</sup>*

7 Purpose of expenditure (See instructions regarding type of information required.)

*Advertising*

Reimbursement from political contributions intended

Date

*10-23-8*

Payee name

*GARY + J.R. BURNS*

Payee address; City; State; Zip Code

*Box 3021  
Victoria, TX 77903*

Amount (\$)

*384<sup>00</sup>*

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

*Meet + Greet Gathering*

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

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

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

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

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

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

Amount (\$)

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule H:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Business name  ..... 6 Business address; City; State; Zip Code	7 Amount (\$)
8 Purpose of payment (See instructions regarding type of information required.)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held	
Date	Business name  ..... Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held	
Date	Business name  ..... Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held	
Date	Business name  ..... Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held	
Date	Business name  ..... Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held	

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