

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Gary Burns</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/12/16</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Joe/Mary A. Wyatt Jr</i>	7 Amount of contribution (\$) <i>100⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>388 Leisure Ln Victoria, TX 77904</i>		
8 Principal occupation / Job title (See Instructions) <i>Rancher</i>		9 Employer (See Instructions) <i>Self</i>
Date <i>2/12/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Myron Bartis II</i>	Amount of contribution (\$) <i>250⁰⁰</i>
Contributor address; City; State; Zip Code <i>Box 7230 Victoria, TX 77903</i>		
Principal occupation / Job title (See Instructions) <i>Business Manager</i>		Employer (See Instructions) <i>Self</i>
Date <i>2/12/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Judge Helen Walden</i>	Amount of contribution (\$) <i>100⁰⁰</i>
Contributor address; City; State; Zip Code <i>407 E. Santa Rosa Victoria, TX 77901</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date <i>2/12/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Judge Norman / Sus Jones</i>	Amount of contribution (\$) <i>100⁰⁰</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)

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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="font-size: 2em; text-align: center;">17</div>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="radio"/>	FIRST <i>Gary F.</i>	MI	OFFICE USE ONLY Date Received <div style="font-size: 1.5em; text-align: center;">FEB 22 2016</div> <div style="font-size: 1.5em; text-align: center;">M. Hill</div> Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
	NICKNAME <i>Burns</i>	LAST	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>Box 3821 Victoria, Tx. 77903</i>			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(361) 220-2284</i>			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="radio"/>	FIRST <i>John M.</i>	MI	
	NICKNAME <i>Mints</i>	LAST	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>77 Joe Beaver Ln. Victoria, TX. 77905</i>			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(361) 573-5855</i>			
9 REPORT TYPE	<input 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 checked="" type="checkbox"/> 8th day before election <input checked="" type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <i>1 / 22 / 16 2 / 20 / 16</i>			
11 ELECTION	ELECTION DATE Month Day Year <i>5 / 1 / 16</i>		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
	12 OFFICE	OFFICE HELD (if any) <i>Co. Com. #3</i>		13 OFFICE SOUGHT (if known) <i>Co. Com. #3</i>

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Gary Burns 15 Filer ID (Ethics Commission Filers)

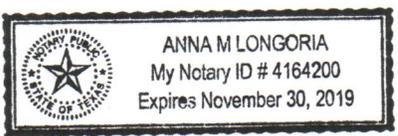
16 NOTICE FROM POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>8,875</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>41,905</u>
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	\$ <u>38,500</u>

18 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 22 day of Feb, 2016, 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

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 7425
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 1400
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input type="checkbox"/> SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 41905
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

GARY BURNS

3 Filer ID (Ethics Commission Filers)

4 Date

1/21/16

5 Full name of contributor

Kevin/Jean Cullen

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

250 →

6 Contributor address;

City; State; Zip Code

Box 2938 Victoria, TP 77902

8 Principal occupation / Job title (See Instructions)

Attmy

9 Employer (See Instructions)

self

Date

1/21/16

Full name of contributor

Gary Dunham

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100⁰⁰

Contributor address;

City; State; Zip Code

5508 N. Glass Victoria, TP 77901

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

1/21/16

Full name of contributor

Sharon Steen

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100 →

Contributor address;

City; State; Zip Code

508 N. Glass Victoria, TP 77901

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

1/29/16

Full name of contributor

Trey Ruschaupt

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250 →

Contributor address;

City; State; Zip Code

8444 LMV Rd Victoria, TP 77965

Principal occupation / Job title (See Instructions)

Rancher

Employer (See Instructions)

self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

GARY BURNS

3 Filer ID (Ethics Commission Filers)

4 Date

2/10/16

5 Full name of contributor

Mark Zafereo

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

250

6 Contributor address;

City; State; Zip Code

125 Kreakview Victoria, TX 77904

8 Principal occupation / Job title (See Instructions)

investments

9 Employer (See Instructions)

Date

2/10/16

Full name of contributor

Charles Moscatelli

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250

Contributor address;

City; State; Zip Code

4267 FM 1685 Victoria, TX 77905

Principal occupation / Job title (See Instructions)

Farmer

Employer (See Instructions)

self

Date

2/10/16

Full name of contributor

John/Linda Elmore

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

405 Roseland Ave. Victoria, TX 77901

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/10/16

Full name of contributor

Jon New

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250

Contributor address;

City; State; Zip Code

Box 1247 Victoria, TX 77902

Principal occupation / Job title (See Instructions)

Distrib.

Employer (See Instructions)

self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Gary Burns

3 Filer ID (Ethics Commission Filers)

4 Date

2/10/16

5 Full name of contributor

Milton/Ray Chapman

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

100

6 Contributor address;

City; State; Zip Code

217 Canyon Cr. Victoria, TX 77901

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

self

Date

2/10/16

Full name of contributor

Lee/Dixie Swearingen

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500

Contributor address;

City; State; Zip Code

203 Loisure Ln Victoria, TX 77905

Principal occupation / Job title (See Instructions)

Real Estate

Employer (See Instructions)

Self

Date

2/12/16

Full name of contributor

Thomas/Ang Hencertling

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

207 Edgewater Victoria, TX 77901

Principal occupation / Job title (See Instructions)

Dept. Head

Employer (See Instructions)

Vict. Co.

Date

2/12/16

Full name of contributor

Bob/Julie McCaw

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

602 W. Goodwin Victoria, TX 77901

Principal occupation / Job title (See Instructions)

Rancher

Employer (See Instructions)

self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Gary Burns

3 Filer ID (Ethics Commission Filers)

4 Date

2/12/16

5 Full name of contributor

Trepac - Tx. Assoc. of Realtors

out-of-state PAC (ID#: _____)

6 Contributor address;

City; State; Zip Code

Austin

7 Amount of contribution (\$)

1,000

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/12/16

Full name of contributor

Jim Hartman

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

Victoria, TX

Amount of contribution (\$)

200

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Self

Date

2/12/16

Full name of contributor

Henry / Rose Goldman

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

403 W. Laurel Victoria, TX 77901

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

Date

2/12/16

Full name of contributor

Bill Pozzi

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

1596 Westpark Ave. Victoria, TX 77906

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Teacher

Faith Family

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Gary Burns

3 Filer ID (Ethics Commission Filers)

4 Date

2/12/16

5 Full name of contributor

MANN, N/PATTIE MINTS

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

100.7

6 Contributor address;

77 Joe Beaver Victoria, TX 77965

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

2/12/16

Full name of contributor

Peter/Vicki McNally

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

25.00

Contributor address;

300 Silverado Tr. Victoria, TX 77901

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Asst. Dir.

Employer (See Instructions)

UBEC

Date

2/12/16

Full name of contributor

Bill Ruddock

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

121 Trade Wind Dr. Victoria, TX 77904

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

2/12/16

Full name of contributor

Allen Baass

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

180.00

Contributor address;

4700 51w Moody Victoria, TX 77965

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Construction

Employer (See Instructions)

self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Gary Burns</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/12/16</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Buddy Sandra Billups</i>	7 Amount of contribution (\$) <i>100⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>2002 N. Liberty Victoria TX 77901</i>		
8 Principal occupation / Job title (See Instructions) <i>Banking-Retired</i>		9 Employer (See Instructions) <i>Prosperity</i>
Date <i>2/12/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jeanie Baran</i>	Amount of contribution (\$) <i>100⁰⁰</i>
Contributor address; City; State; Zip Code <i>60064 Country Club Victoria, TX 77904</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/12/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Timmy Zaplac</i>	Amount of contribution (\$) <i>100⁰⁰</i>
Contributor address; City; State; Zip Code <i>2506 N. Navarro Victoria, TX 77901</i>		
Principal occupation / Job title (See Instructions) <i>Real Estate</i>		Employer (See Instructions) <i>Ken Brown Co.</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gary Mueller</i>	Amount of contribution (\$) <i>50⁰⁰</i>
Contributor address; City; State; Zip Code <i>311 Kelly Dr Victoria, TX 77914</i>		
Principal occupation / Job title (See Instructions) <i>Dentist</i>		Employer (See Instructions) <i>Self</i>
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Gary Burns

3 Filer ID (Ethics Commission Filers)

4 Date

2/17/16

5 Full name of contributor

Bobby Jacobs

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

100

6 Contributor address; City; State; Zip Code

*6041 Country Club
Victoria, TX 77904*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/17/16

Full name of contributor

Arthur/Shirley Buckert

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

50⁰⁰

Contributor address; City; State; Zip Code

*414 Charleston
Victoria, TX 77901*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Real Estate

Self

Date

2/17/16

Full name of contributor

Robert Hewitt

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

1,000

Contributor address; City; State; Zip Code

16 Box 400 Victoria, TX 77902

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/17/16

Full name of contributor

Robert Hewitt, Jr

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

1,000

Contributor address; City; State; Zip Code

16 Box 400 Victoria, TX 77902

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3 Filer ID (Ethics Commission Filers)

2 FILER NAME

Gary Barcus

4 Date

8/17/16

5 Full name of contributor

Jay / Barbara Lack

6 Contributor address;

*Box 2346
Victoria, TX 77901*

City; State; Zip Code

7 Amount of contribution (\$)

250⁰⁰

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

8/17/16

Full name of contributor

Henry / Susan Whitehouse

Contributor address;

8747 Hwy 87N. Victoria, TX 77904

City; State; Zip Code

Amount of contribution (\$)

100⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/17/16

Full name of contributor

Kay / Ron Walker

Contributor address;

*2207 N. Wheeler
Victoria, TX 77901*

City; State; Zip Code

Amount of contribution (\$)

250⁰⁰

Principal occupation / Job title (See Instructions)

AH my

Employer (See Instructions)

Self

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Gary Burns</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>1-20-16</i>	5 Payee name <i>Prosperity Bank</i>	
6 Amount (\$) <i>2.00</i>	7 Payee address; City; State; Zip Code <i>1205 N. Navarro Victoria, TX 77901</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Acctg.</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>1-26-16</i>	Payee name <i>McCoy's</i>	
Amount (\$) <i>35.02</i>	Payee address; City; State; Zip Code <i>5803 ME Loop 463 Victoria, TX 77903</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Supplies</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>1-27-16</i>	Payee name <i>C. T. Typing</i>	
Amount (\$) <i>88.65</i>	Payee address; City; State; Zip Code <i>112 Jason Circle Victoria, TX 77901</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Office work</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME GARY BURNS	3 Filer ID (Ethics Commission Filers)
----------------------------	-----------------------------------	---------------------------------------

4 Date 2-2-16	5 Payee name UPS Store
-------------------------	----------------------------------

6 Amount (\$) 346⁴⁰	7 Payee address; City; State; Zip Code 1706 N. KAVANO Victoria, TX 77901
--	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------------------	--	---

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

Date 2-2-16	Payee name Revista
-----------------------	------------------------------

Amount (\$) 317⁰⁰	Payee address; City; State; Zip Code Victoria
--	---

8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------------------	--	---

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

Date 2-3-16	Payee name St. Joe
-----------------------	------------------------------

Amount (\$) 40⁰⁰	Payee address; City; State; Zip Code Victoria, TX
---------------------------------------	---

8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------------------	--	---

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Gary Burns</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2-5-16</i>	5 Payee name <i>UPS Store</i>	
6 Amount (\$) <i>427.12</i>	7 Payee address; City; State; Zip Code <i>1706 N. Navarro Victoria, TX</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>2-8-16</i>	Payee name <i>Ward Wyatt</i>	
Amount (\$) <i>1,000.00</i>	Payee address; City; State; Zip Code <i>Victoria, TX</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consultant</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>2-17-16</i>	Payee name <i>UPS Store</i>	
Amount (\$) <i>169.36</i>	Payee address; City; State; Zip Code <i>1706 N. Navarro Victoria, TX</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 FILER NAME **Gary Burns** 3 Filer ID (Ethics Commission Filers)

4 Date **2-17-16** 5 Payee name **UPS store**

6 Amount (\$) **42.15** 7 Payee address; City; State; Zip Code **1706 N. Navarro Victoria, TX**

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **Advertising** (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

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

Date **2-18-16** Payee name **UPS store**

Amount (\$) **173.25** Payee address; City; State; Zip Code **1706 N. Navarro Victoria, TX**

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Advertising** Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

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

Date **2-18-16** Payee name **Harbor Freight**

Amount (\$) **276.3** Payee address; City; State; Zip Code **3605 N. Navarro Victoria, TX 77901**

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Supplies** Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <i>Gary Burus</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <i>1400⁰⁰</i>	
5 Date <i>2-11-16</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Byran Burris II</i>	8 Amount of Contribution \$	9 In-kind contribution description
7 Contributor address; City; State; Zip Code <i>Box 7232 Victoria, Tx. 77909</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Business Mgr.</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>Self</i>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
Contributor address; City; State; Zip Code		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL) (See Instructions)		
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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