

# 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:

10

### OFFICE USE ONLY

Date Received

Date Hand-delivered or Postmarked

Receipt #

Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR (MR) FIRST MI  
GARY F  
NICKNAME LAST SUFFIX  
BURNS

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE  
Box 3021 Victoria, TX 77903

change of address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(361) 220-2284

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
John M  
NICKNAME LAST SUFFIX  
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

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (officeholder only)  
 July 15  8th day before election  Exceeded \$500 limit  Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year  
1 / 1 / 12 THROUGH 5 / 19 / 12

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  General  Special  
5 / 29 / 12

12 OFFICE

OFFICE HELD (if any)  
Co. Com. #3

13 OFFICE SOUGHT (if known)

Co. Com. #3

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME Gary E. Burns

15 ACCOUNT # (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.

COMMITTEE TYPE

GENERAL

SPECIFIC

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)

\$ 4775<sup>00</sup>

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 589746

CONTRIBUTION BALANCE

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

\$

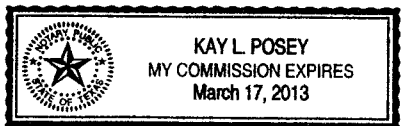
OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 28,500

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 E. Burns  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Gary E. Burns, this the 21<sup>st</sup> day of May, 20 12, to certify which, witness my hand and seal of office.

Kay L. Posey  
Signature of officer administering oath

Kay L. Posey  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME <i>GARY E BURNS</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>4/19/12</i>		5 Payee name <i>LAMAR Outdoor Advertising</i>			
6 Amount (\$) <i>\$1150<sup>00</sup></i>		7 Payee address; City; State; Zip Code <i>4507 N. Main Victoria, TX. 77901</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Advertising</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>Billboard</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>4/27/12</i>		Payee name <i>Revista</i>			
Amount (\$) <i>\$437<sup>00</sup></i>		Payee address; City; State; Zip Code <i>2001 E. Sabine St. Victoria, TX. 77901</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Advertising</i>		Description (If travel outside of Texas, complete Schedule T) <i>Ad</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>4/27/12</i>		Payee name <i>Victoria GOP</i>			
Amount (\$) <i>\$100<sup>00</sup></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>Event Exp.</i>		Description (If travel outside of Texas, complete Schedule T) <i>donation</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>4-30-12</i>		Payee name <i>M&amp;R Screen Printing</i>			
Amount (\$) <i>\$119<sup>02</sup></i>		Payee address; City; State; Zip Code <i>1012 N. Navarro Victoria, TX. 77901</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Advertising</i>		Description (If travel outside of Texas, complete Schedule T) <i>T-SHIRTS</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME <i>Gary E. Burns</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>5-3-12</i>		5 Payee name <i>U.S. Post Office</i>			
6 Amount (\$) <i>90<sup>00</sup></i>		7 Payee address; City; State; Zip Code <i>Victoria, TX</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Advertising</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>Postage</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>5-15-12</i>		Payee name <i>Lamar</i>			
Amount (\$) <i>\$450<sup>00</sup></i>		Payee address; City; State; Zip Code <i>4507 N. Main Victoria, TX</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Advertising</i>		Description (If travel outside of Texas, complete Schedule T) <i>Bill board</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>5/17/12</i>		Payee name <i>Victoria Present</i>			
Amount (\$) <i>3,525<sup>39</sup></i>		Payee address; City; State; Zip Code <i>801 S. Laurent Victoria, TX 77901</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>10-21-11 to 4-30-12</i>		Payee name <i>1st Victoria National Bank</i>			
Amount (\$) <i>26<sup>00</sup></i>		Payee address; City; State; Zip Code <i>101 S. Main Victoria, TX 77901</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Banking</i>		Description (If travel outside of Texas, complete Schedule T) <i>Image Fees</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **5**

2 FILER NAME: **GARY BURNS**

3 ACCOUNT # (Ethics Commission Filers)

4 Date: **5/11/12**

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

7 Amount of contribution (\$): **50<sup>00</sup>**

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
**Victoria, TX**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions): **Director**

10 Employer (See Instructions): **Gulf Bend**

Date: **5/11/12**

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

Amount of contribution (\$): **1,000<sup>00</sup>**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**202 Pecan Victoria 77905**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): **Retired**

Employer (See Instructions): **Self**

Date: **5/11/12**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Robert Newitt, JR**

Amount of contribution (\$): **1,000**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**1 O'Connor Plaza #1100 Victoria, TX 77901**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): **Business Owner**

Employer (See Instructions): **Self**

Date: **5/11/12**

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

Amount of contribution (\$): **50<sup>00</sup>**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**2509 N. Navant O Victoria, TX 77901**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): **Realtor**

Employer (See Instructions): **Caldwell Bankers**

Date: **5/11/12**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Dr. Al Kopecky**

Amount of contribution (\$): **100<sup>00</sup>**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**112 Hollywood Victoria, TX 77904**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): **Doctor**

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.

# 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

GARY BURNS

3 ACCOUNT # (Ethics Commission Filers)

4 Date

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

Bill Ruddock

7 Amount of contribution (\$)

50<sup>00</sup>

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

Victoria, TX

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

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

5/8/12

Jim Harting

Amount of contribution (\$)

250

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

209 Wildrose Dr.

77904

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

Self

Date

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

5/8/12

Bette & Puhler

Amount of contribution (\$)

100<sup>00</sup>

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

8607 N. Navarro. Ste M

Victoria, TX

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

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

5/9/12

Susan/Terry Whitehouse

Amount of contribution (\$)

100<sup>00</sup>

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

8747 45 Hwy 87 N.

77904

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

5/9/12

Jay/Barbara Hack

Amount of contribution (\$)

100<sup>00</sup>

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

102 Creekside Dr.

77904

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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 <i>Gary Burns</i>		3 ACCOUNT # (Ethics Commission Filers):	
4 Date <i>5/15/12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): <i>Robert Loeb</i>	7 Amount of contribution (\$) <i>250.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>6018 Country Club 77904</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Business Owner</i>		10 Employer (See Instructions) <i>Self</i>	
Date <i>5/15/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): <i>David / Paula Robinson</i>	Amount of contribution (\$) <i>100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>Box 4809 77903</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>5/16/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): <i>Arthur / Shirley Duckert</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>414 Charleston Dr 77904</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Realtors</i>		Employer (See Instructions) <i>Self</i>	
Date <i>5/16/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): <i>Steve Nipes</i>	Amount of contribution (\$) <i>100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>104 Woodhaven Dr. 77904</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Banker</i>		Employer (See Instructions)	
Date <i>5/16/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): <i>Dr / Mrs. F. Wood Ernst</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>202 Whispering Cr. 77904</i>		(If travel outside of Texas, complete Schedule T)	
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 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 Filers)	
4 Date <i>5/18/12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Kerry McCann</i>	7 Amount of contribution (\$) <i>300</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>Box 146 77902</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Rancher</i>		10 Employer (See Instructions)	
Date <i>5/19/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Gene Mignery</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>105 Kreekuview Dr. 77904</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)	
Date <i>5/19/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Bruce Chappoll</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>301 Rosaling Dr. 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>5/19/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Linda Elmore</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>405 Rosekind Av. 77901</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/19/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Karl / Barbara Fontenot</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>Box 3570 77903</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>	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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:	
2 FILER NAME <i>Gary Burns</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>5/17/12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Dr. Marshall Wiener</i>	7 Amount of contribution (\$) <i>25.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>2700 Cit. Place 307 77901</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Doctor</i>		10 Employer (See Instructions) <i>Self</i>	
Date <i>5/12/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Jon / Susan New</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>Box 1247 77902</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>5/17/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Ruth Constant</i>	Amount of contribution (\$) <i>100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3202 Sam Houston Dr Victoria, TX, 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	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#:	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)	

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

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

GARY BURNS

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS: ⇄ ⇄ ⇄ ⇄ ⇄ ⇄

\$

5 Date of loan

5/16/12

7 Name of lender

GARY BURNS

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

9 Loan Amount (\$)

3,000<sup>00</sup>

6 Is lender a financial Institution?

Y N

8 Lender address; City; State; Zip Code

Box 3021  
Victoria, TX 77903

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

Co. Com.

13 Employer (See Instructions)

Victoria Co

14 Description of Collateral

none

15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION

not applicable

17 Name of guarantor

18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed (\$)

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

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

none

Check if personal funds were deposited into political account

GUARANTOR INFORMATION

not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation (See Instructions)

Employer (See Instructions)

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

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