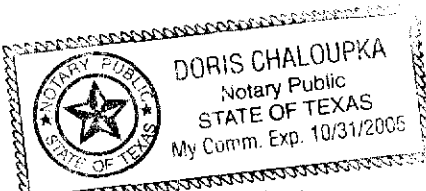


CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 ACCOUNT #	2 Total pages filed: <u>3</u>													
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS <input checked="" type="checkbox"/> MR <input type="checkbox"/> FIRST <u>GARY E.</u> MI													
	NICKNAME LAST <u>BURNS</u> SUFFIX													
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report													
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">OFFICE USE ONLY</td> </tr> <tr> <td>Date Received</td> <td><u>9/2/04 SU</u> <u>4:00</u></td> </tr> <tr> <td colspan="2">Date Hand-delivered or Date Postmarked</td> </tr> <tr> <td>Receipt #</td> <td>Amount</td> </tr> <tr> <td>Legal</td> <td>Totals</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>	OFFICE USE ONLY		Date Received	<u>9/2/04 SU</u> <u>4:00</u>	Date Hand-delivered or Date Postmarked		Receipt #	Amount	Legal	Totals	Date Processed		Date Imaged
OFFICE USE ONLY														
Date Received	<u>9/2/04 SU</u> <u>4:00</u>													
Date Hand-delivered or Date Postmarked														
Receipt #	Amount													
Legal	Totals													
Date Processed														
Date Imaged														
5 ORIGINAL PERIOD COVERED	Month Day Year Month Day Year <u>1/01/04</u> THROUGH <u>02/06/04</u>													
6 EXPLANATION OF CORRECTION	<p><u>4,451.00</u> Total on Sch. F included bills charged but not paid. They were paid in a later period (Allied Adv. + Diertam Hwy)</p> <p>Therefore on cover sheet, pg 2 - the total on # 4 charged.</p>													

7 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Gary Burns
Signature of Candidate or Officeholder

Sworn to and subscribed before me by Gary Burns this the 2ND day of August, 20 04.

to certify which, witness my hand and seal of office.

Doris Chaloupka DORIS CHALOUPKA Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME BURNS, GARY E.

16 ACCOUNT # (Ethics Commission files)

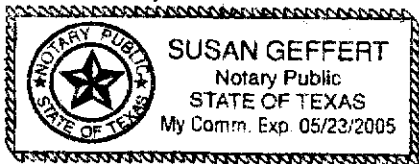
17 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

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

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)	\$ 200 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ -
	4. TOTAL POLITICAL EXPENDITURES	\$ 3952 ⁷⁵
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 200 ⁰⁰
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 6,000 -

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Gary Burns
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Gary Burns, this the 9th day of February, 2004, to certify which, witness my hand and seal of office.

Susan Geffert
Signature of officer administering oath

Susan Geffert
Printed name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>BURNS, GARY E.</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>1/12/04</i>	5 Payee name <i>Allied Advertising</i>	7 Amount (\$) <i>\$3535¹⁵</i>
6 Payee address: City: State: Zip Code <i>3700 Blanco Rd San Antonio, TX, 78212</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Signs</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought: Office held:
Date <i>1/16/04</i>	Payee name <i>A.T. Dierken Hay</i>	Amount (\$) <i>\$137⁴⁰</i>
Payee address: City: State: Zip Code <i>914 N.E. Water St. Victoria, TX 77901</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Sign Posts</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought: Office held:
Date <i>1/19/04</i>	Payee name <i>A.T. Dierken Hay</i>	Amount (\$) <i>\$229²⁵</i>
Payee address: City: State: Zip Code <i>914 N.E. Water St. Victoria, TX 77901</i>		
Purpose of payment (See instructions regarding type of information required.) <i>sign Posts</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought: Office held:
Date <i>1/21/04</i>	Payee name <i>Victoria Co. Election</i>	Amount (\$) <i>\$51²⁰</i>
Payee address: City: State: Zip Code <i>Victoria, TX</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Voter Lists</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought: Office held:

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED