# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

## FORM C/OH COVER SHEET PG 1

			and the state of t
The C/OH Instruction (	Guide explains how to complete this form.	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR) FIRST	F .	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	· · · · · · · · · · · · · · · · · · ·	TY; STATE; ZIP CODE	Date Hand-delivered or Date Postmarked
Change of Address			10/27/08 9
5 CANDIDATE/ OFFICEHOLDER PHONE	(361) 572-4725	EXTENSION	Receipt # Amount
6 CAMPAIGN TREASURER NAME	MS/MR(/MR) JOHN FIRST NICKNAME LAST MICKNAME	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO POBOX PLEASE); APT / SUITE  77 JOE SERVEN LA	E#; CITY STATE;	ZIP CODE 27905
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (361) 573-585	EXTENSION	
9 REPORTTYPE	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	GH /0 /25	Year / 0 9
11 ELECTION	ELECTION DATE  Month  Day  Year  Primary	Runoff	General Special
12 OFFICE	County Com. #3	CO. COMM.	¥ 3
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	Direct campaign expenditures are campaign ex Candidates are required to disclose this informatio  Name	penditures made by others without nonly if they receive notification of	the candidate's prior consent or approval, the direct campaign expenditure. ••
	Address / PO Box; Apt. / Suite #; City; State; Zip	> Code	·
additional pages			
	GO TO PA	AGE 2	

# **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

FORM C/OH COVER SHEET PG 2

(512) 463-5800

	! 		``	
15 C/OH NAME	. //	9	16 ACCOUNT # (Ethics Commission Filers)	
6	a py D	urs		
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	COMMITTEE TYPE	COMMITTEE NAME		
	COMMITTEE TIPE			
	GENERAL		,	
	_	COMMITTEE ADDRESS		
	SPECIFIC			
additional pages	•	COMMITTEE CAMPAIGN TREASURER NAME		
			,	
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
		COMMITTEE CHAIR FIGHT THERESTEEN STREET		
40	1. TOTAL	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN		
18 CONTRIBUTION TOTALS		ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 536	
	· · · · · · · · · · · · · · · · · · ·			
	•	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	1985	
	(01/12/1	, , , , , , , , , , , , , , , , , , , ,	\$ 1100	
EXPENDITURE	3. TOTAL I	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZ		
TOTALS			\$	
	4. TOTAL	POLITICAL EXPENDITURES	//	
			\$ <b>27</b> 03=	
<u> </u>				
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D ORTING PERIOD	\$ 10,221 of	
			' '	
OUTSTANDING		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T	\$ 25.500 °P	
LOAN TOTALS	LAST DA	AY OF THE REPORTING PERIOD	\$ 20,000	
19 AFFIDAVIT				
MATTER STATE OF THE STATE OF TH	g - ·	•	perjury, that the accompanying report information required to be reported by	
MILON	Only.	me under Title 15, Election Code,	inioniador required to be reperted by	
S OTARY AUG		M A	<u> </u>	
***	5 A	Haypo		
The state of the s	S S S S S S S S S S S S S S S S S S S	Signature of Cano	lidate or Officeholder	
AFFE NOTAPE STAME	A ABOVE			
AFFR NOTARY STAMF	HILLIAN TO A SOLE	CAA, Burns	27 th	
Sworn to and subscrit			_, this theday	
9 00 7	to cei	tify which, witness my hand and seal of office.	,	
(legrall	Moncos	in HAMA M. LongoRIA	NotARy Public	
Signature of officer ad	Iministering oath	Printed name of officer administering path	ītle of officer administering oath	

# Texas 78711-2070 (512) 463-5800 1-800-325-8506 Texas Ethics Commission P.O. Box 12070 Austin. POLITICAL EXPENDITURES SCHEDULE F Total pages Schedule F: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/Oℍ · · required.) Candidate / Officeholder name Office sought Office held (If travel outside of Texas, complete Schedule T) Amount Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · required.) Candidate / Officeholder name Office sought Office held (If travel outside of Texas, complete Schedule T) Amount Date Purpose of payment (See instructions regarding type of information .. Complete if direct expenditure to benefit C/OH ... Office held Candidate / Officeholder name Office sought (If travel outside of Texas, complete Schedule T) Amount Dav: Dealership City: State: Zip Code Date Vidoria, TX Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH

Candidate / Officeholder name

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

required.)

Lease

(If travel outside of Texas, complete Schedule T)

Office held

Office sought

LOANS				SCHEDULE E
The Instruction	Gulde explains how to complete this f	orm.	1 Total pages Sch	edule E:
2 FILER NAME			3 ACCOUNT# (En	thics Commission filers)
4 TOTA	AL OF UNITEMIZED LOANS:	\$ \$ \$ \$	₽ ₽	\$
5 Date of loan	7 Name of lender	out-of-state PAC (ID#:	)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; State;	Zip Code		10 Interest rate
Y N				11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See In	nstructions)	
14 Description of Collar	ieral .			
15 GUARANTOR INFORMATION	16 Name of guarantor			18 Amount Guaranteed (\$)
not applicable	17 Guarantor address; City; State;	Zip Code		
19 Principal Occupation		20 Employer		<u> </u>
Date of loan	Name of lender	OLI-of-state PAC (ID#:		Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; State;	Zip Code		Interest rate
Y N				Maturity date
Principal occupatio	n / Job title (See Instructions)	Employer (See Instruct	ions)	
Description of Collat	eral			
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address; City; State;	Zip Code.	4	
Principal Occupation		Employer		
If len	ATTACH ADDITIONAL Co			quirements.

	Cary Burns	3	ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name V: pay Do 5 ter  6 Payee address; City; State; Zip Code  V: Aria,	T>O,	7 Amount (\$)
required.)	ment (See instructions regarding type of information  Auer+5; e of Texas, complete Schedule T)	9 Complete if direct Candidate / Officeholder nam	expenditure to benefit C/OH Office held
19/13	Payee name  5 T T P C  Payee address; City; State: Zip Code  C V	~ , Do	Arriount (\$)
required.)	ment (See Instructions regarding type of information  of Texas, complete Schedule T)	•• Complete if direct Candidate / Officeholder name	expenditure to benefit C/OH •• e Office sought Office held
Date	Payee name Payee address; City; State; Zip Code		Amount (\$)
Purpose of payrequired.)	ment (See instructions regarding type of information	Complete if direct Candidate / Officeholder name	expenditure to benefit C/OH a Office sought Office held
(If travel outsi	de of Texas, complete Schedule T)		
(If travel outsi	Payee name  Payee address;  City; State; Zip Code		Amount (\$)
Date  Purpose of payr required.)	Payee name	•• Complete if direct of Candidate / Officeholder name	expenditure to benefit C/OH ••
Date  Purpose of payr required.)	Payee name  Payee address; City; State; Zip Code  ment (See instructions regarding type of information	Candidate / Officeholder name	expenditure to benefit C/OH •• Office sought Office held

## **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

### SCHEDULE A

The Instruction	on Guide explains how to complete this form.		1 Total pages Sche	edule A:	
2 FILER NAM	Sary BURNS	, , , , , , , , , , , , , , , , , , ,	3 ACCOUNT# (Eth	ics Commission fi	ers)
4 Date	5 Full name of contributor out-of-state PAC (ID#	)	7 Amount of contribution (\$)		contribution n (if applicable)
10/23/08	6 Contributor address; City; State; Zip Code		100 00		
	304 Salen Rd Victoria,	, / // ,	(If travel outside	of Texas, comp	elete Schedule T)
	upation / Job title (See Instructions)	10 Employer (See	Instructions)		
Date	Full name of contributor   out-of-state PAC (ID#		Amount of contribution (\$)		contribution n (if applicable)
10/23/8	Contributor address; City; State; Zip Code  Victoria, 70 2)90	15	45		
	0 (0)0.00	,	(If travel outside o	f Texas, comp	lete Schedule T)
	ipation / Job title (See Instructions)	Employer (See		•	
Data	Full same of contributor	1	Amount of	In-kind	contribution
10.3/8	Billy / Rayinda Janson		contribution (\$)		n (if applicable)
10/24.	Contributor address; City; State; Zip Code  6(2) Country Club	<b>★</b>	100 3	· 	
	0,0,0,0,	11 -17707	(If travel outside o	of Texas, comp	lete Schedule T)
Principal occu	ipation / Job title (See Instructions)	Employer (See I			
Date 2	Full name of contributor out-of-state PAC (ID# Turner/Curola Mallen	)	Amount of contribution (\$)		contribution n (if applicable)
الرح الرال	Contributor address; City; State; Zip Code		100 ws	· 	
	204 Leisuze Luj Victoria, TP		(If travel outside o	of Texas, comp	lete Schedule T)
	upation / Job title (See Instructions)	Employer (See I	nstructions)	· · · · · · · · · · · · · · · · · · ·	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)		contribution n (if applicable)
10/23/8	Contributor address; City; State; Zip Code		100 00)		
	1305 N. Aridge Victoria, Th. 7:	790/	(If travel outside o	of Texas, comp	lete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I			

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

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

PLED	GED CONTRIBUTIONS			SCHEDULE B	
The Instr	uction Guide explains how to complete this form.		1 Total pages this S	chedule B:	
2 FILER NAME			3 ACCOUNT # (Ethics Commission filers)		
<sup>‡</sup> то	TAL OF UNITEMIZED PLEDGES: ⇔		⇒ ⇒	\$	
S Date	6 Full name of pledgor out-of-state PAC (ID#:		8 Amount of pledge (\$)	9 In-kind description (if applicable)	
	7 Pledgor address; City; State; Zip Coo	de			
				f Texas, complete Schedule T)	
0 Principal oc	cupation / Job title (See Instructions)	11 Employer (See I	nstructions)		
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of	In-kind description	
			pledge (\$)	(if applicable)	
	Pledgor address; City; State; Zip Cod	d <b>e</b>			
			<del></del>	f Texas, complete Schedule T)	
tions)	cupation / Job title (See Instruc-	Employer (See I	nstructions)		
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)	
	Pledgor address; City; State; Zip Coo	de			
			/## <del>  </del>	f Tanana announte de Calabadada Th	
Principal occ	cupation / Job title (See Instructions)	Employer (See II		f Texas, complete Schedule T)	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)	
	Pledgor address; City; State; Zip Cod			,	
Principal occ	cupation / Job title (See Instructions)	Employer (See In		f Texas, complete Schedule T)	
Date	Full name of pledgor out-of-state PAC (ID#	)	`Amount of	In-kind description	
	Pledgor address; City; State; Zip Coo		pledge (\$)	(if applicable)	
		43	(If travel outside o	f Texas, complete Schedule T)	
Principal occ	cupation / Job title (See Instructions)	Employer (See In	nstructions)		
If	ATTACH ADDITIONAL COPI			raquiramente	

(512) 463-5800

#### SCHEDULE A **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS Total pages Schedule A: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission files) 2 FILER NAME In-kind contribution 8 Amount of description (if applicable) contribution (\$) 6 Contributor address; City; State; Zip Code Bor 1601 (If travel outside of Texas, complete Schedule T) 10 Employer (See Instructions Principal occupation / Job title (See Instructions In-kind contribution description (if applicable) contribution (\$) 550 crated Builders & Contractor Pol. Ach Contributor address; City; State; Zip Code Ja50N 56 (if travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions In-kind contribution Amount of Fulliname of contributor ut-of-state PAC (IDIt) Date description (if applicable) contribution (\$) Contributor address; City; State; Zip Code (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of description (If applicable) Date (if travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) in-kind contribution Amount of aut-of-state PAC (ID#) Full name of contributor description (if applicable) Date contribution (\$) City; State; Zip Code Contributor address; (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

(512) 463-5800

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS	•		SCHEDULE A
The instruction Guide explains how to complete this form.	1	Total pages Sched	
FILER NAME GARY BURNS	3	ACCOUNT# (Ethic	
4 Date 5 Full name of contributor out-state PAC (IDS:    Date   D		Amount of ontribution (\$)	8 In-kind contribution description (if applicable)
203 5. Main 7290	) (	(If travel outside o	f Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) 16	Employer (See Inst	4000 4V	Assoc, LLP
Date Full name of contributor out-of-state PAC (IDS)  Toe / Mary Aune Wyatt		Amount of contribution (\$)	In-kind contribution description (If applicable)
Contributor address; City; State; Zip Code 30 8 Leisure L.		100 9	
victoria, 70	77904	(If travel outside o	f Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Ins		
(		Amount of	In-kind contribution
Date  Full name of contributor    Out-of-state PAC (IDIII)	an_	contribution (\$)	description (if applicable)
104 wade dr. Victoria	77904		of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Ins	structions)	
Date Full name of contributorout-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		100 9	
Victoria, To	77904		of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See In	structions)	
Date Full name of contributor   out-of-stake PAC (IDI#		Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		1000	1
11- do= 9 70.	77901	(If travel outside	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See, in		1
ATTACH ADDITIONAL COPIE:  If contributor is out-of-state PAC, please see instr	S OF THIS FORM AS uction guide foradd	NEEDED	g requirements.

# POLITICAL CONTRIBUTIONS

SCHEDULE A

OTHER	THAN PLEDGES OR LOAN		-	
The Instructio	n Guide explains how to complete this form.		1 Total pages Schedu	
FILER NAM	F /		3 ACCOUNT# (Ethics	Commission filers)
	RY BURNS			:
	5 Full name of contributor		7 Amount of	8 In-kind contribution
Date	5 Full name of contribution [] auto-saus-ructum		contribution (\$)	description (if applicable)
10/22/8	Gary Bay 6 Contributor address; City; State; Zip Code 15 Wearder Dr.		407	
	vistoria. Pr	77904		Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	:
R	pation / Job title (See Instructions)			
Data	Full name of contributor   out-of-state PAC (D#		Amount of	In-kind contribution description (if applicable)
10/23/8	lohtributor address; City; State; Zip Code 4507 N. John Stouldbauer		contribution (\$)	uescriptori (ii eppinocuse)
	4507 N. John Stockbauer		"	
	Victoria To.	77904		Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions)	Employer (See	instructions)	
70	15 Business Owner	SUF		
Date	Full name of contributor Out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
10/23/8	Any Mundy Contributor address; City; State; Zip Code		2500	
	207 Salisburyhu.	7904	(if travel outside o	of Texas, complete Schedule T)
Principal 900	typation / Job title (See Instructions)  Education	Employer (See	Instructions)	
Ac	Education	4 4 11		1. Grad contribution
	and the second s		Amount of contribution (\$)	In-kind contribution description (If applicable)
10/23/8	Contributor address; City: State; Zip Code  7 7 70 e Soquee Lu.		100 7	
	Victoria To	77905	(if travel outside	of Texas, complete Schedule T)
Principal oc	cupation / Job title (See Instructions)	Employer (See	Instructions)	
2-4-	Full name of contributorout-of-glateP/IC (ID#:	)	Amount of	In-kind contribution
Date / /	Buddy / Sandra Bill up 3		contribution (\$)	description (if applicable)
10/23/8	Contributor address; City; State; Zip Code		10000	]
	1 50	77901	1	of Town commission Cabadula Ti
	V:2781.9,1(			of Texas, complete Schedule T)
Principal oc	cupation / Job title (See Instructions)	Employer (Sec	Instructions)	
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1	f contributor is out-of-state PAC, please see ins	truction guide fora	dditional reporting	requirements.
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