

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 | MR / MRS / MR FIRST GARY MI E. NICKNAME LAST BURNS SUFFIX | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">OFFICE USE ONLY</th> </tr> <tr> <td colspan="2">Date Received</td> </tr> <tr> <td colspan="2">Date Hand-delivered or Date Postmarked Cy 01/15/04 9:05 A.M.</td> </tr> <tr> <td>Receipt #</td> <td>Amount</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table> | | OFFICE USE ONLY | | Date Received | | Date Hand-delivered or Date Postmarked Cy 01/15/04 9:05 A.M. | | Receipt # | Amount | Date Processed | | Date Imaged | |
| OFFICE USE ONLY | | | | | | | | | | | | | | | |
| Date Received | | | | | | | | | | | | | | | |
| Date Hand-delivered or Date Postmarked Cy 01/15/04 9:05 A.M. | | | | | | | | | | | | | | | |
| 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 3702 COLETVILLE ROAD VICTORIA, TEXAS 77905 | | | | | | | | | | | | | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (361) 572 4725 | | | | | | | | | | | | | | |
| 6 CAMPAIGN TREASURER NAME | MR / MRS / MR FIRST John MI M NICKNAME LAST MINTS SUFFIX | | | | | | | | | | | | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 77 JOE BEAVER LANE VICTORIA TEXAS 77905 | | | | | | | | | | | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (361) 573 5855 | | | | | | | | | | | | | | |
| 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 07 / 01 / 03 12 / 31 / 2003 | | | | | | | | | | | | | | |
| 11 ELECTION | ELECTION DATE Month Day Year 03 / 09 / 04 | ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special | | | | | | | | | | | | | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) VICTORIA County COMMISSIONER Pct 3 | | | | | | | | | | | | | |
| 14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages | ** 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. ** Name Address / PO Box; Apt. / Suite #; City; State; Zip Code | | | | | | | | | | | | | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (Ethics Commission filers)

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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 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)

\$

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

CONTRIBUTION BALANCE

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

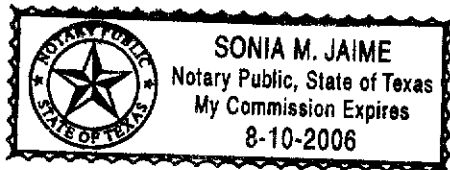
\$

OUTSTANDING LOAN TOTALS

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

\$

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.

Sony Burns
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sony Burns, this the 15th day of January, 2004, to certify which, witness my hand and seal of office.

Sonia M. Jaime Signature of officer administering oath
Sonia M. Jaime Printed name of officer administering oath
Notary 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>GARY BURNS</i> | | 3 ACCOUNT # (Ethics Commission filers) |
| 4 Date <i>12/26/03</i> | 5 Payee name <i>Victoria County Republican Party</i> | 7 Amount (\$) <i>750⁰⁰</i> |
| 6 Payee address; City; State; Zip Code <i>Victoria, TX</i> | | |
| 8 Purpose of payment (See instructions regarding type of information required.) <i>Filing fee</i> | | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date <i>12/31/03</i> | Payee name <i>157 Victoria National Bank</i> | Amount (\$) <i>1375</i> |
| Payee address; City; State; Zip Code <i>Box 1338 Victoria, TX 77903</i> | | |
| Purpose of payment (See instructions regarding type of information required.) | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date | Payee name | Amount (\$) |
| Payee address; City; State; Zip Code | | |
| Purpose of payment (See instructions regarding type of information required.) | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date | Payee name | Amount (\$) |
| Payee address; City; State; Zip Code | | |
| Purpose of payment (See instructions regarding type of information required.) | | ** 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.

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

7 Name of lender

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

GARY BURNS

9 Loan Amount (\$)

1,000⁰⁰

6 Is lender a financial institution?

Y

(N)

8 Lender address; City; State; Zip Code

3702 Coletoville Rd. E.
Victor, TX, 77905

10 Interest rate

- 0 -

11 Maturity date

12-31-2004

12 Principal occupation / Job title (See Instructions)

Business Owner

13 Employer (See Instructions)

Commercial Rebuild, Inc.

14 Description of Collateral

none

15 GUARANTOR INFORMATION

16 Name of guarantor

18 Amount Guaranteed (\$)

not applicable

17 Guarantor address; City; State; Zip Code

19 Principal Occupation

20 Employer

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

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

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.