

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: **11**

| | | |
|---|---|--|
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR (MR) FIRST Gary MI F NICKNAME LAST SUFFIX BURNS | OFFICE USE ONLY Date Received RECEIVED Date Hand Delivered or Date Postmarked. BY: [Signature] 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 Box 3021 Victoria, TX 77903 | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (361) 220-2284 | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR (MR) FIRST John MI 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 | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Final report (Attach C/OH - FR) <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) | |
| 10 PERIOD COVERED | Month Day Year THROUGH Month Day Year 10 / 10 / 12 THROUGH 12 / 31 / 12 | |
| 11 ELECTION | ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 11 / 06 / 12 | |
| 12 OFFICE | OFFICE HELD (if any) Co. Com. # 3 | 13 OFFICE SOUGHT (if known) Co. Com. # 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 Gary Burns 16 ACCOUNT # (Ethics Commission Filers)

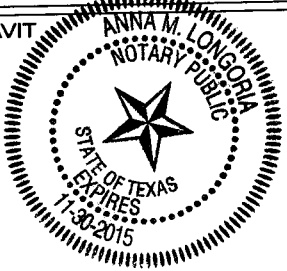
17 NOTICE FROM POLITICAL COMMITTEE(S)

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. --

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

| | | |
|-------------------------|---|-----------------------|
| 18 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 230- |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 5605 ⁰⁰ |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 2059 ¹⁵ |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 5109 ¹⁴ |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 28,500 |

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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 15 day of January, 2013, 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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

| | | | |
|---|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A: 6 | |
| 2 FILER NAME GARY BURNS | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Date 10-10-12 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Jeff Lyon | 7 Amount of contribution (\$) 50⁰⁰ | 8 In-kind contribution description (if applicable) |
| 6 Contributor address: City: State: Zip Code 704 W. Commercial Victoria, TX 77901 | | (If travel outside of Texas, complete Schedule T) | |
| 9 Principal occupation / Job title (See Instructions) Manager | | 10 Employer (See Instructions) Radio Station | |
| Date 10-10-12 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Don Blizin | Amount of contribution (\$) 100⁰⁰ | In-kind contribution description (if applicable) |
| Contributor address: City: State: Zip Code 301 T905 Dr Victoria, TX 77904 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) Executive Director | | Employer (See Instructions) Gulf Bend | |
| Date 10-10-12 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Treppac - Tx. Assoc. of Realtors | Amount of contribution (\$) 500⁰⁰ | In-kind contribution description (if applicable) |
| Contributor address: City: State: Zip Code Box 2246 Austin, TX 78768 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 10-10-12 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Milton/Elizabeth Killbrev | Amount of contribution (\$) 250⁰⁰ | In-kind contribution description (if applicable) |
| Contributor address: City: State: Zip Code 6032 Country Club Victoria, TX 77904 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) Business Owner | | Employer (See Instructions) Self | |
| Date 10-10-12 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Lineburger, Goggin, Blair, Sampson | Amount of contribution (\$) 500⁰⁰ | In-kind contribution description (if applicable) |
| Contributor address: City: State: Zip Code Box 17428 Austin, TX 78760 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) Att'y. | | Employer (See Instructions) SGMC | |

ATTACH ADDITIONAL COPIES OF THIS FORM 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: 6

2 FILER NAME

Gary Burns

3 ACCOUNT # (Ethics Commission files)

4 Date

11-8-12

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

Robert Hewitt

7 Amount of contribution (\$)

500⁰⁰

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code

One O'Connor Plaza #1100
Victoria, TX, 77901

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Manager

10 Employer (See Instructions)

self

Date

11-8-12

Full name of contributor out-of-state PAC (ID# _____)

Bruce Chappell

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

301 Rossdine Dr
Victoria, TX 77904

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Manager

Employer (See Instructions)

self

Date

11-8-12

Full name of contributor out-of-state PAC (ID# _____)

Charla Borchers Leon + Robert B. Leon

Amount of contribution (\$)

250⁰⁰

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

2203 N. DeLeon
Victoria, TX 77901

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Rancher

Employer (See Instructions)

self

Date

11-2-12

Full name of contributor out-of-state PAC (ID# _____)

John + Judy Clegg

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

Victoria, TX,

900⁰⁰
use of all

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Manufacturing

Employer (See Instructions)

self

Date

11-6-12

Full name of contributor out-of-state PAC (ID# _____)

Robert Hewitt, JR.

Amount of contribution (\$)

1,000

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

One O'Connor Plaza #1100
Victoria, TX 77901

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Manager

Employer (See Instructions)

self

ATTACH ADDITIONAL COPIES OF THIS FORM 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: 6 | |
| 2 FILER NAME Gary Burns | | 3 ACCOUNT # (Ethics Commission file) | |
| 4 Date 11-6-12 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Peter Riez M.D. | 7 Amount of contribution (\$) 25 | 8 In-kind contribution description (if applicable) |
| 6 Contributor address: City: State: Zip Code 6120 Country Club Dr. Victoria, TX 77904 | | (If travel outside of Texas, complete Schedule T) | |
| 9 Principal occupation / Job title (See Instructions) Dr. | | 10 Employer (See Instructions) self | |
| Date 11-6-12 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Debra & Jennifer Josyph | Amount of contribution (\$) 25 | In-kind contribution description (if applicable) |
| Contributor address: City: State: Zip Code 401 Dunbar Victoria, TX 77904 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) Manager | | Employer (See Instructions) self | |
| Date 11-6-12 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fred Sanchez | Amount of contribution (\$) 25 | In-kind contribution description (if applicable) |
| Contributor address: City: State: Zip Code 301 Berkshire Victoria, TX 77904 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) Realtor | | Employer (See Instructions) Caldwell Ben/Leis | |
| Date 11-6-12 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bette Decker | Amount of contribution (\$) 50 | In-kind contribution description (if applicable) |
| Contributor address: City: State: Zip Code 8607 N. Navarro Ste M Victoria, TX 77904 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) | |
| Date 11-6-12 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gary Mueller | Amount of contribution (\$) 100 | In-kind contribution description (if applicable) |
| Contributor address: City: State: Zip Code 304. Saker Rd. Victoria, TX 77904 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) self | |

ATTACH ADDITIONAL COPIES OF THIS FORM 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 <u>6</u> | |
| 2 FILER NAME <u>Gary Burns</u> | | | | 3 ACCOUNT # (Ethics Commission files) | |
| 4 Date <u>11-6-12</u> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Kerry McCann</u> | 7 Amount of contribution (\$) <u>200</u> | 8 In-kind contribution description (if applicable) | | |
| 6 Contributor address: City: State: Zip Code <u>Box 946 Victoria, TX 77902</u> | | (If travel outside of Texas, complete Schedule T) | | | |
| 9 Principal occupation / Job title (See Instructions) <u>Semi-Retired - Rancher-Writer</u> | | | 10 Employer (See Instructions) <u>self</u> | | |
| Date <u>11-6-12</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>John Roberts</u> | Amount of contribution (\$) <u>100</u> | In-kind contribution description (if applicable) | | |
| Contributor address: City: State: Zip Code <u>301 Champions Row Victoria, TX 77904</u> | | (If travel outside of Texas, complete Schedule T) | | | |
| Principal occupation / Job title (See Instructions) | | | Employer (See Instructions) <u>self</u> | | |
| Date <u>11-6-12</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Ben Galvan</u> | Amount of contribution (\$) <u>200</u> | In-kind contribution description (if applicable) | | |
| Contributor address: City: State: Zip Code <u>309 Willow Way Victoria, TX 77904</u> | | (If travel outside of Texas, complete Schedule T) | | | |
| Principal occupation / Job title (See Instructions) <u>Engineer</u> | | | Employer (See Instructions) <u>self</u> | | |
| Date <u>11-6-12</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Mark Zedero</u> | Amount of contribution (\$) <u>100</u> | In-kind contribution description (if applicable) | | |
| Contributor address: City: State: Zip Code <u>125 Kreckhagen Victoria, TX 77904</u> | | (If travel outside of Texas, complete Schedule T) | | | |
| Principal occupation / Job title (See Instructions) <u>Investment Advisor</u> | | | Employer (See Instructions) | | |
| Date <u>11-6-12</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Johnny + Ginny Stafford</u> | Amount of contribution (\$) <u>50</u> | In-kind contribution description (if applicable) | | |
| Contributor address: City: State: Zip Code <u>210 Warden Rd, Victoria, TX 77904</u> | | (If travel outside of Texas, complete Schedule T) | | | |
| Principal occupation / Job title (See Instructions) <u>Director</u> | | | Employer (See Instructions) <u>Mid Coast Family</u> | | |

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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: 6 | |
| 2 FILER NAME Gary Burns | | 3 ACCOUNT # (Ethics Commission file) | |
| 4 Date 11-6-12 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Wayne + Cheryl Berner | 7 Amount of contribution (\$) 50 | 8 In-kind contribution description (if applicable) |
| 6 Contributor address: City: State: Zip Code 562 Lakeshore Dr. Victoria, TX 77905 | | (If travel outside of Texas, complete Schedule T) | |
| 9 Principal occupation / Job title (See instructions) CEO | | 10 Employer (See instructions) UTU | |
| Date 11-6-12 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Timothy + Susan O'Connor | Amount of contribution (\$) 200 | In-kind contribution description (if applicable) |
| Contributor address: City: State: Zip Code Box 1878 Victoria, TX 77902 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See instructions) Sheriff / Rancher | | Employer (See instructions) self - | |
| Date 11-6-12 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Lee + Dixie Sweatinger | Amount of contribution (\$) 100 | In-kind contribution description (if applicable) |
| Contributor address: City: State: Zip Code 203 Leisure Ln. Victoria, TX 77904 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See instructions) Realtor | | Employer (See instructions) self - Caldwell | |
| Date 11-6-12 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Mr. + Mrs Joe Wyatt | Amount of contribution (\$) 50 | In-kind contribution description (if applicable) |
| Contributor address: City: State: Zip Code 308 Leisure Ln. Victoria, TX 77904 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See instructions) Rancher | | Employer (See instructions) self | |
| Date 11-6-12 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Henry + Rose Goldman | Amount of contribution (\$) 100 | In-kind contribution description (if applicable) |
| Contributor address: City: State: Zip Code 403 Laurel Victoria, TX 77901 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See instructions) Retired | | Employer (See instructions) | |

ATTACH ADDITIONAL COPIES OF THIS FORM 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: 6

2 FILER NAME GARY BURNS 3 ACCOUNT # (Ethics Commission filers)

| | | | |
|---|---|---|--|
| 4 Date <u>11-6-12</u> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Auto - Amy Mundy</u> | 7 Amount of contribution (\$) <u>50</u> | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code <u>907 Salisbury Victoria, TX</u> | | (If travel outside of Texas, complete Schedule T) | |

9 Principal occupation / Job title (See Instructions) Oilfield 10 Employer (See Instructions)

| | | | |
|---|--|---|--|
| Date <u>11-6-12</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Calvin Steven</u> | Amount of contribution (\$) <u>30</u> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code <u>Victoria, TX</u> | | (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 <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)

| | | | |
|--|--|---|--|
| 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 FORM AS NEEDED
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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>10-1-12</i> | 5 Payee name <i>Lamar Advertising</i> 6 Payee address: City: State: Zip Code <i>Victoria, TX</i> | 7 Amount (\$) <i>1,100⁰⁰</i> |
| 8 Purpose of payment (See instructions regarding type of information required.) <i>Advertising</i> (If travel outside of Texas, complete Schedule T) | | 9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held |
| Date <i>10-31-12</i> | Payee name <i>U.S. Post Office</i> Payee address: City: State: Zip Code <i>Victoria, TX</i> | Amount (\$) <i>54⁰⁰</i> |
| Purpose of payment (See instructions regarding type of information required.) <i>Postage</i> (If travel outside of Texas, complete Schedule T) | | -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held |
| Date <i>11-1-12</i> | Payee name <i>Victoria Advocate</i> Payee address: City: State: Zip Code <i>Victoria, TX</i> | Amount (\$) <i>270⁰⁰</i> |
| Purpose of payment (See instructions regarding type of information required.) <i>Advertising</i> (If travel outside of Texas, complete Schedule T) | | -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held |
| Date <i>11-5-12</i> | Payee name <i>Vickie Cross</i> Payee address: City: State: Zip Code <i>Goliad, TX</i> | Amount (\$) <i>200⁰⁰</i> |
| Purpose of payment (See instructions regarding type of information required.) <i>Promotion - Entertainment</i> (If travel outside of Texas, complete Schedule T) | | -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held |
| ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED | | |

POLITICAL EXPENDITURES

SCHEDULE F

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule F: |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission filers) |
| 4 Date 10-24-12 | 5 Payee name Victoria Election Office 6 Payee address; City; State; Zip Code Victoria, TX 77901 | 7 Amount (\$) 6719 |
| 8 Purpose of payment (See instructions regarding type of information required.) Mailing lists voters (If travel outside of Texas, complete Schedule T) | 9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held | |
| Date 11-7-12 | Payee name Insta Copy Printing Payee address; City; State; Zip Code Victoria, TX | Amount (\$) 3248 |
| Purpose of payment (See instructions regarding type of information required.) Advertisement (If travel outside of Texas, complete Schedule T) | -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held | |
| Date 11-5-12 | Payee name Specs Liquor Payee address; City; State; Zip Code Victoria, TX. | Amount (\$) 11252 |
| Purpose of payment (See instructions regarding type of information required.) Promotion (If travel outside of Texas, complete Schedule T) | -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held | |
| Date 12-4-12 | Payee name Revists Payee address; City; State; Zip Code Victoria, TX | Amount (\$) 31700 |
| Purpose of payment (See instructions regarding type of information required.) Advertisement (If travel outside of Texas, complete Schedule T) | -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held | |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F:

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)

| | | |
|----------|--|---------------|
| 4 Date | 5 Payee name | 7 Amount (\$) |
| 11-23-12 | 1st Victoria Bank Payee address: Victoria, TX 77901 | 2.00 |

| | |
|---|---|
| 8 Purpose of payment (See instructions regarding type of information required.) Bank Exp. (If travel outside of Texas, complete Schedule T) | 9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held |
|---|---|

| | | |
|----------|--|-------------|
| Date | Payee name | Amount (\$) |
| 12-21-12 | 1st Victoria Bank Payee address: Victoria, TX 77901 | 2.00 |

| | |
|---|---|
| Purpose of payment (See instructions regarding type of information required.) Bank exp. (If travel outside of Texas, complete Schedule T) | -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held |
|---|---|

| | | |
|-------|--|-------------|
| Date | Payee name | Amount (\$) |
| 10-22 | 1st Victoria Bank Payee address: Victoria, TX 77901 | 2.00 |

| | |
|---|---|
| Purpose of payment (See instructions regarding type of information required.) Bank exp. (If travel outside of Texas, complete Schedule T) | -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held |
|---|---|

| | | |
|------|------------|-------------|
| Date | Payee name | Amount (\$) |
| | | |

| | |
|--|---|
| Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T) | -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held |
|--|---|

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED