

# 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

MS / MRS / MR MR FIRST Gary E. MI  
NICKNAME LAST SUFFIX  
Burns

**OFFICE USE ONLY**

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: Box 4806 APT / SUITE #: CITY: STATE: ZIP CODE  
Victoria, TX 77903

Date Hand-delivered or Date Postmarked  
11/18/04 9:10 AM

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(361) 572-2284

Receipt # Amount

6 CAMPAIGN TREASURER NAME

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

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE  
77 Joe Beaver Lane 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  
10 / 25 / 04 THROUGH 1 / 15 / 05

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  General  Special  
11 / 02 / 04

12 OFFICE

OFFICE HELD (if any)  
County Commissioner #3

13 OFFICE SOUGHT (if known)

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

\*\* 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

additional pages

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

BURNS, Gary E.

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

GENERAL

SPECIFIC

additional pages

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

\$ 346<sup>00</sup>/<sub>100</sub>

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 2496<sup>00</sup>/<sub>100</sub>

EXPENDITURE TOTALS

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

\$ -

4. TOTAL POLITICAL EXPENDITURES

\$ 9868<sup>53</sup>/<sub>100</sub>

CONTRIBUTION BALANCE

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

\$ 15305<sup>00</sup>/<sub>100</sub>

OUTSTANDING LOAN TOTALS

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

\$ 75,000

19 AFFIDAVIT



AMBER JOY NEW  
Notary Public, State of Texas  
My Commission Expires  
NOVEMBER 10, 2007

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 19th day of January, 2005, to certify which, witness my hand and seal of office.

*Amber Joy New*  
Signature of officer administering oath

Amber Joy New  
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. <b>3</b>	
2 FILER NAME <b>BURNS, Gary E.</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>10/25/4</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Munir Munawar</b>	7 Amount of contribution (\$) <b>\$200</b>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <b>Box 3983 Victoria, TX 77903</b>			
9 Principal occupation / Job title (See Instructions) <b>Self Employed</b>		10 Employer (See Instructions)	
Date <b>12/3/4</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Gus/Cheri Kroos</b>	Amount of contribution (\$) <b>\$100</b>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <b>213 West Chester Victoria, TX 77903</b>			
Principal occupation / Job title (See Instructions) <b>Mgr</b>		Employer (See Instructions) <b>WEP</b>	
Date <b>10/25/4</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Walter/Madeline Haengg</b>	Amount of contribution (\$) <b>\$200</b>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code			
Principal occupation / Job title (See Instructions) <b>Rancher</b>		Employer (See Instructions) <b>Self</b>	
Date <b>10/25/4</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Robert/Charla Leon</b>	Amount of contribution (\$) <b>\$100</b>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <b>2203 N. DeLeon Victoria, TX 77901</b>			
Principal occupation / Job title (See Instructions) <b>Investments/Rancher</b>		Employer (See Instructions) <b>Self</b>	
Date <b>10/25/4</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Ernest Guajardo</b>	Amount of contribution (\$) <b>\$100</b>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <b>Box 4732 Victoria, TX 77903</b>			
Principal occupation / Job title (See Instructions) <b>Real Estate</b>		Employer (See Instructions) <b>Self</b>	

**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:

3

2 FILER NAME

Burns, Gary E.

3 ACCOUNT # (Ethics Commission files)

4 Date

10/25/4

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

John/Sandra Billyps

6 Contributor address: City, State, Zip Code

2002 N. Liberty Victoria, TX 77901

7 Amount of contribution (\$)

\$100

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

Banker

10 Employer (See Instructions)

15th Victoria National

Date

10/25/4

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

Don Breech

Contributor address: City, State, Zip Code

Box 5221 Victoria, TX. 77903

Amount of contribution (\$)

\$50

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Doctor

Employer (See Instructions)

Self

Date

10/27/4

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

Trepac

Contributor address: City, State, Zip Code

Box 1986 Austin, TX. 78767

Amount of contribution (\$)

\$750

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Real Estate

Employer (See Instructions)

Date

10/27/4

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

Don Bolton

Contributor address: City, State, Zip Code

102 Woodhaven Victoria, TX 77904

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Banker

Employer (See Instructions)

Date

10/27/4

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

Bette Buhler

Contributor address: City, State, Zip Code

8607 N. Navarro Ste 11 Victoria, TX. 77904

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

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: 3

2 FILER NAME Burris, Gary E.

3 ACCOUNT # (Ethics Commission file)

4 Date 10/27/4

5 Full name of contributor  out-of-state PAC (ID#) Lee/Dixie Swearingen

7 Amount of contribution (\$) 200

8 In-kind contribution description (if applicable)

6 Contributor address: City, State, Zip Code 203 Leisure Ln, Victoria, TX 77904

9 Principal occupation / Job title (See instructions) Real Estate

10 Employer (See instructions) Self

Date 10/27/4

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

Amount of contribution (\$) 50

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code 204 Willow Way, Victoria, TX 77904

Principal occupation / Job title (See instructions) CPA

Employer (See instructions) Self

Date 11/15

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

Amount of contribution (\$) 100

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code Box 512 Inez, TX 77968

Principal occupation / Job title (See instructions) Insurance

Employer (See instructions) Self

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

Principal occupation / Job title (See instructions)

Employer (See instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM 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: <i>2</i>
2 FILER NAME <i>BURNS, Gary E.</i>		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒		\$
5 Date of loan <i>11/29/14</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>GARY BURNS</i>	9 Loan Amount (\$) <i>3,000<sup>00</sup></i>
6 Is lender a financial Institution? <i>Y</i> <input checked="" type="radio"/> <i>N</i>	8 Lender address; City; State; Zip Code <i>3702 Colofonte Rd E. Victoria TX 77905</i>	10 Interest rate <i>- 0 -</i>
12 Principal occupation / Job title (See Instructions) <i>self employed</i>		11 Maturity date <i>12-31-05</i>
13 Employer (See Instructions)		
14 Description of Collateral <input checked="" type="checkbox"/> none		
15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor	18 Amount Guaranteed (\$)
17 Guarantor address; City; State; Zip Code		
19 Principal Occupation	20 Employer	
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? <i>Y</i> <i>N</i>	Lender address; City; State; Zip Code	Interest rate
Principal occupation / Job title (See Instructions)		Maturity date
Employer (See Instructions)		
Description of Collateral <input type="checkbox"/> none		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
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.

**LOANS**

**SCHEDULE E**

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: <p style="text-align: center; font-size: 1.5em;">2</p>
<b>2</b> FILER NAME <p style="font-size: 1.2em; font-family: cursive;">BURNS, Gary E.</p>		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨   ⇨   \$		
<b>5</b> Date of loan <p style="font-size: 1.2em; font-family: cursive;">11/6/14</p>	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em; font-family: cursive;">GARY BURNS</p>	<b>9</b> Loan Amount (\$) <p style="font-size: 1.5em; font-family: cursive;">1,000<sup>00</sup></p>
<b>6</b> Is lender a financial Institution? <p>Y    <input checked="" type="radio"/> N</p>	<b>8</b> Lender address;    City;    State;    Zip Code <p style="font-size: 1.2em; font-family: cursive;">3702 Coletoville Rd E, Victoria, TX</p>	<b>10</b> Interest rate <p style="text-align: center; font-size: 1.5em;">- 0 -</p>
<b>11</b> Maturity date <p style="font-size: 1.2em; font-family: cursive;">12-31-05</p>		
<b>12</b> Principal occupation / Job title (See Instructions) <p style="font-size: 1.2em; font-family: cursive;">Self Employed</p>		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> none		
<b>15</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>16</b> Name of guarantor  <b>17</b> Guarantor address;    City;    State;    Zip Code	<b>18</b> Amount Guaranteed (\$)
<b>19</b> Principal Occupation		<b>20</b> Employer
Date of loan <p style="font-size: 1.2em; font-family: cursive;">11/15/04</p>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em; font-family: cursive;">GARY BURNS</p>	Loan Amount (\$) <p style="font-size: 1.5em; font-family: cursive;">1,000<sup>00</sup></p>
Is lender a financial Institution? <p>Y    <input checked="" type="radio"/> N</p>	Lender address;    City;    State;    Zip Code <p style="font-size: 1.2em; font-family: cursive;">3702 Coletoville Rd E, Victoria, TX 77905</p>	Interest rate <p style="text-align: center; font-size: 1.5em;">0</p>
Maturity date <p style="font-size: 1.2em; font-family: cursive;">12-31-05</p>		
Principal occupation / Job title (See Instructions) <p style="font-size: 1.2em; font-family: cursive;">Self employed</p>		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		
<b>GUARANTOR INFORMATION</b>  <input checked="" type="checkbox"/> not applicable	Name of guarantor  Guarantor address;    City;    State;    Zip Code	Amount Guaranteed (\$)
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.

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 3
2 FILER NAME Buzus, Gary E.		3 ACCOUNT # (Ethics Commission filers)
4 Date 10/26/4	5 Payee name Fosatti 6 Payee address; City; State; Zip Code 302 S. Main Victoria, TX. 77901	7 Amount (\$) 471.32
8 Purpose of payment (See instructions regarding type of information required.) Fundraiser Exp.		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/26/4	Payee name Victoria Presort Payee address; City; State; Zip Code Box 575 Cuero, TX. 77954	Amount (\$) 684.22
Purpose of payment (See instructions regarding type of information required.) Mailings		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/20/4	Payee name Chris Nicholson Payee address; City; State; Zip Code Box 2522 Victoria, TX. 77902	Amount (\$) \$1370.00
Purpose of payment (See instructions regarding type of information required.) Radio + TV		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/29/4	Payee name Victoria Advocate Payee address; City; State; Zip Code Box 1518 Victoria, TX. 77904	Amount (\$) \$604.00
Purpose of payment (See instructions regarding type of information required.) Advertising		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		



**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 3
2 FILER NAME BURNS, Gary E		3 ACCOUNT # (Ethics Commission filers)
4 Date 11/1/4	5 Payee name Victoria Advocate 6 Payee address: City, State, Zip Code Box 1518 Victoria, TX 77902	7 Amount (\$) 483.00
8 Purpose of payment (See instructions regarding type of information required.) Advertising		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 11/5/4	Payee name Victoria Advocate Payee address: City, State, Zip Code Box 1518 Victoria, TX 77902	Amount (\$) 180.00
Purpose of payment (See instructions regarding type of information required.) Advertising		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 11/5/4	Payee name Victoria Resort Payee address: City, State, Zip Code Box 575 Cuero, TX 77954	Amount (\$) 1805.23
Purpose of payment (See instructions regarding type of information required.) Mailing & Advertising		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 11/17/4	Payee name Instant Copy Payee address: City, State, Zip Code 1810 N. Navarro Victoria, TX 77904	Amount (\$) 360.86
Purpose of payment (See instructions regarding type of information required.) Copies		-- 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: 3

2 FILER NAME BURIS, Gary E

3 ACCOUNT # (Ethics Commission filers)

4 Date  
11/17/14

5 Payee name  
CHRIS NICHOLSON

7 Amount (\$)  
908<sup>00</sup>

6 Payee address; City; State; Zip Code  
Box 2522 Victoria, TX 77902

8 Purpose of payment (See instructions regarding type of information required.)  
Advertising Expense

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date  
1/5/15

Payee name  
CHRIS NICHOLSON

Amount (\$)  
3,000<sup>00</sup>

Payee address; City; State; Zip Code  
Box 2522 Victoria, TX 77902

Purpose of payment (See instructions regarding type of information required.)  
Consultant

-- 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