

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 MI E
NICKNAME LAST SUFFIX
BURNS

OFFICE USE ONLY
RECEIVED

Date Received
JUL 14 2004

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 Change of Address

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE
Box 4804
Victoria, TX 77903

SL 10:43 mailed
Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(361) 220-2284

Receipt # Amount

6 CAMPAIGN TREASURER NAME

MS / MRS / MR MR FIRST John MI M.
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 Ln. 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 MONTH Day Year
04 / 04 / 04 THROUGH 07 / 15 / 04

11 ELECTION

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

12 OFFICE

OFFICE HELD (if any)

N/A

13 OFFICE SOUGHT (if known)

County Commissioner #3

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

N/A

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

COMMITTEE NAME

COMMITTEE ADDRESS

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)

\$

550⁰⁰

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

3773²³

CONTRIBUTION BALANCE

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

\$

2525

OUTSTANDING LOAN TOTALS

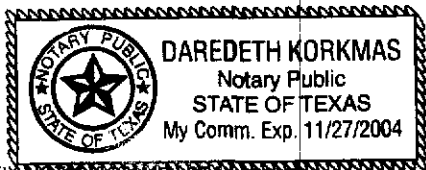
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

20000-

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.



AFFIX NOTARY STAMP/ SEAL ABOVE

Gary E. B.
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said GARY E BURNS, this the 12th day of July, 2004, to certify which, witness my hand and seal of office.

Daredeeth Korkmas
Signature of officer administering oath

Daredeeth Korkmas
Printed name of officer administering oath

Title of officer administering oath

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E: 2
2 FILER NAME GARY BURNS		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$
5 Date of loan 5/15/04	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) GARY BURNS & J.R.	9 Loan Amount (\$) 500
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code 3702 Coletoville Rd E. Victoria, TX 77905	10 Interest rate -0
12 Principal occupation / Job title (See Instructions) Self		11 Maturity date 12-31-04
13 Employer (See Instructions) Self		
14 Description of Collateral <input checked="" type="checkbox"/> none		
15 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	16 Name of guarantor MA	18 Amount Guaranteed (\$)
17 Guarantor address; City; State; Zip Code		
19 Principal Occupation	20 Employer	
Date of loan 4-20-04	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) BURNS, GARY & J.R.	Loan Amount (\$) 1,000
Is lender a financial institution? Y <input checked="" type="radio"/> N	Lender address; City; State; Zip Code 3702 Coletoville Rd E Victoria, TX 77905	Interest rate -0-
Principal occupation / Job title (See Instructions) Self		Maturity date 12-31-04
Employer (See Instructions) Self		
Description of Collateral <input checked="" type="checkbox"/> none		
GUARANTOR INFORMATION <input checked="" 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.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F:
2

2 FILER NAME **Burns; Gary E** 3 ACCOUNT # (Ethics Commission filers)

4 Date 4/7/4	5 Payee name Victoria Advocate	7 Amount (\$) 4450
6 Payee address; City; State; Zip Code Box 1518 Victoria, TX 77902		

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
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Date 4/9/4	Payee name Victoria Advocate	Amount (\$) 4450
Payee address; City; State; Zip Code Box 1518 Victoria, TX. 77902		

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
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Date 4/10/4	Payee name Victoria Advocate	Amount (\$) 4450
Payee address; City; State; Zip Code Box 1518 Victoria, TX 77902		

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
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Date 4/15/4	Payee name Victoria Advocate	Amount (\$) 4170
Payee address; City; State; Zip Code Box 1518 Victoria, TX 77902		

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
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F:
2

2 FILER NAME: Burns, Gary E. 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>4/30/04</u>	5 Payee name <u>Victoria Presont</u> 6 Payee address; City; State; Zip Code <u>Box 575 Cuero, TX 77954</u>	7 Amount (\$) <u>\$1606⁹⁴</u>
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8 Purpose of payment (See instructions regarding type of information required.) <u>Advertising</u>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <u>4/30/04</u>	Payee name <u>Victoria Presont</u> Payee address; City; State; Zip Code <u>Box 575 Cuero, TX 77954</u>	Amount (\$) <u>388³⁹</u>
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Purpose of payment (See instructions regarding type of information required.) <u>Advertising</u>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <u>5/14/04</u>	Payee name <u>Chris Nicholson</u> Payee address; City; State; Zip Code <u>Box 2522 Victoria, TX 77902</u>	Amount (\$) <u>257⁹⁰</u>
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Purpose of payment (See instructions regarding type of information required.) <u>Reimbursement for Expenses</u>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
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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
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: **2**

2 FILE NAME
BURNS, Gary E.

3 ACCOUNT # (Ethics Commission filers)

4 Date
4-13-4

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

Kathleen Hunt

7 Amount of contribution (\$)

25⁰⁰

8 In-kind contribution description (if applicable)

ck

6 Contributor address; City; State; Zip Code

**210 King arthur. Victoria, TX
77904**

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/23/4

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

John Gibbs

Amount of contribution (\$)

\$50⁰⁰

In-kind contribution description (if applicable)

ck

Contributor address; City; State; Zip Code

**204 S. Hummel St
Victoria, TX. 77901**

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

4/25/4

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

Kerry McCon

Amount of contribution (\$)

\$200⁰⁰

In-kind contribution description (if applicable)

ck

Contributor address; City; State; Zip Code

Box 146 Victoria, TX 77907

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/27/4

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

Allen Baass

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

ck

Contributor address; City; State; Zip Code

4700 SW Moody Victoria, TX 77905

Principal occupation / Job title (See Instructions)

Contractor

Employer (See Instructions)

Self

Date

5/28/4

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

Dr. Marshall Wiener

Amount of contribution (\$)

\$25

In-kind contribution description (if applicable)

ck.

Contributor address; City; State; Zip Code

**2700 Citizens Plaza St. 307
Victoria, TX. 77901**

Principal occupation / Job title (See Instructions)

Doctor

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.

SCHEDULE A

POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS

1 Total pages Schedule A: 2

The instruction GUIDE explains how to complete this form.

3 ACCOUNT # (Ethics Commission filers)

FILER NAME

Burns, Gary E.

4 Date <u>6/5/14</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>Dr. Michael Booth, M.D.</u> 6 Contributor address; City; State; Zip Code <u>2710 Hospital Dr. Sd. 202</u> <u>Victoria, Tx 77901</u>	7 Amount of contribution (\$) <u>100</u>	8 In-kind contribution description (if applicable) <u>ch</u>
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9 Principal occupation / Job title (See Instructions) <u>Doctor</u>	10 Employer (See Instructions) <u>SELF</u>
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Date <u>6/17/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>Bobby Jacob</u> Contributor address; City; State; Zip Code <u>6041 Country Club Dr</u> <u>Victoria, Tx 77904</u>	Amount of contribution (\$) <u>50</u>	In-kind contribution description (if applicable) <u>ch</u>
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Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
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Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
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Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
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Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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