CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR -FIRST	E. MI	OFFICE USE ONLY			
NAME	NICKNAME LAST	SUFFIX	Date Received			
	Burns					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	Box 3021 Victoria, TP 77903	CRY; STATE; ZIP CODE	Date Hand-delivered or Date Postmarked			
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	-			
OFFICEHOLDER PHONE	(361) 572-4725		Receipt Amount			
6 CAMPAIGN TREASURER	MS/MRS/MR FURST	Mi M.	Date Processed Date Imaged			
NAME	NICKNAME LAST					
	Mints	· · · · · · · · · · · · · · · · · · ·				
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APTISUM 77 JOE BEQUER L. Uitoria, TO	v.	ZIP CODE			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION				
9 REPORT TYPE	January 15 30th day before election	on 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 THRO	OUGH 1/157	Year / 0 8			
11 ELECTION	Month Day Year ELECTION TY		General Special			
12 OFFICE	COUNTY COMMISSIONER	#3 OFFICE SOUGHT (F KNOWN)	570 pcn #3			
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	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. •-					
BY OTHER INDIVIDUALS	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

v have been made	ice of political expenditures by political committees to support the candi without the candidate's or officeholder's knowledge or consent. Candida	16 ACCOUNT # (Ethics Commission Filers) date / officeholder. These expenditures					
This box is for not	ice of political expenditures by political committees to support the candi without the candidate's or officeholder's knowledge or consent. Candida	date / officeholder. These expenditures					
	and toosies moses of other order	 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. 					
MMITTEE TYPE	COMMITTEE NAME						
GENERAL	COMMITTEE ADDRESS	3 % .					
SPECIFIC							
	COMMITTEE CAMPAIGN TREASURER NAME						
	COMMITTEE CAMPAIGN TREASURER ADDRESS						
1. TOTAL PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN SS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$					
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 					
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED		\$					
4. TOTAL	\$ 950°D AY \$ 3786						
	* 3786						
		\$ 25,500					
before me, by	is true and correct and includes all me under Title 15, Election Code. Signature of Cand the said	perjury, that the accompanying report information required to be reported by didate or Officeholder					
	SPECIFIC 1. TOTAL F PLEDGE 2. TOTAL F (OTHER 3. TOTAL F 4. TOTAL F 6. TOTAL F LAST DA 1. TOTAL F 2010 ILITATION Y PURPLES 2010 ILITATION Y PURPLES AND STATE AND STA	GENERAL COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS 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) 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DOF REPORTING PERIOD 1. SWEAR, OR Affirm, Under penalty OF is true and correct and includes all me under Title 15, Election Code. Signature of Campaigness o					

(512) 463-5800

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	duide explains how to complete this form.	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR GURY	- E.	OFFICE USE ONLY			
rwart	NICKNAME LAST SULVES	SUFFIX	Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #: C BOX 3021 Victoria, TO 77903	STATE; ZIP CODE	Date Hand-delivered or Date Postmarked			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (361) 572-4725	EXTENSION	Receipt Amount Date Processed			
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST TOAN NICKNAME LAST M: NS	MI SUFFIX	Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	street address (NO PO BOX PLEASE): APT/SUIT 77 TOE BEGUER L Ui do nig, TO	w.	ZIP CODE			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION				
9 REPORTTYPE	January 15 30th day before election July 15 8th day before election		15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year THROU	UGH //15	Year / 0 8'			
11 ELECTION	ELECTION DATE Month Day Year Primary	Runoff	General Special			
12 OFFICE	County Commissioner 3 County GAMISSIONER #3					
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	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.					
BY OTHER INDIVIDUALS	Name					
additional pages	Address / PO Box; Apt. / Suite #; City; State; 2	Zip Code				
GO TO PAGE 2						

POLITICAL EXPENDITURES				SCHEDULE F	
The Instruc	tion Guide explains how to complete this form.		1 Total pages Schedule F:		
2 FILER NAME	gry E. Burs		3 ACCOUNT# (E	Ethics Commission filers)	
4 Date 12/19/07	GRY E. BURIS 5 Payee name Victoria County Rep 6 Payee address; City; State; Zip Code 30 8 Le'i 5 4 Re L. N. V; Noria, Th. 279	ublican Primary	Fund 7	Amount (\$)	
required.)	ment (See instructions regarding type of information g fee	9 •• Complete if dire Candidate / Officeholder na	ect expenditure to b ame Offic	eenefit C/OH •• De sought Office held	
14/1/07	Payee name Quq: Creek Home own Payee address; City: State; Zip Code Dor 3203 Victoria, To, 77903	res Assoc.		Amount (\$) 200	
Purpose of payment (See instructions regarding type of information required.) Howard Tong Tong Tong (If travel outside of Texas, complete Schedule T)		•• Complete if dire Candidate / Officeholder na	ect expenditure to b ame Office	enefit C/OH •• se sought Office held	
Date	Payee name Payee address; City; State; Zip Code			Amount (\$)	
Purpose of pay required.)	ment (See instructions regarding type of information	Complete if dire Candidate / Officeholder na	ect expenditure to be	enefit C/OH ** e sought Office held	
(if travel outsi	de of Texas, complete Schedule T)		·	· · · · · · · · · · · · · · · · · · ·	
Date	Payee name			Amount (\$)	
	Payee address; City; State; Zip Code				
Purpose of payr required.)	ment (See instructions regarding type of information	Complete if dire Candidate / Officeholder na	ct expenditure to be me Office	enefit C/OH → e sought Office held	
(If travel outside of Texas, complete Schedule T)					
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED					