

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 <u>MR</u> FIRST <u>Burns, Gary E.</u> MI NICKNAME <u>G</u> LAST SUFFIX	OFFICE USE ONLY <hr/> Date Received <hr/> Date Hand-delivered or Date Postmarked <u>3/1/04</u> <u>3:30pm</u> <hr/> Receipt # Amount <hr/> Date Processed <hr/> Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>Box 4806 Victoria, TX 77903</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(361) 770-7784</u>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>MR</u> FIRST <u>John M.</u> MI NICKNAME <u>J</u> LAST <u>MINTS</u> SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>77 Joe Beaver Ln. Victoria, TX. 77905</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(361) 573-5855</u>		
9 REPORT TYPE	<input 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 checked="" 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 <u>02 / 06 / 04</u> <u>02 / 29 / 04</u>		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special <u>03 / 09 / 04</u>		
12 OFFICE	OFFICE HELD (if any) <u>MA</u>	13 OFFICE SOUGHT (if known) <u>County Commissioner Pt 3</u>	
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 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

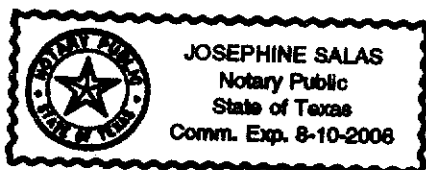
EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 125 ⁰⁰
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1025 ⁰⁰
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ —
4. TOTAL POLITICAL EXPENDITURES	\$ 7638 ⁷⁴
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1225 ⁰⁰
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 7,000 ⁰⁰

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.

Gary E. Burns
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said GARY E. BURNS, this the 1st day of MARCH, 2004 to certify which, witness my hand and seal of office.

Josephine Salas
Signature of officer administering oath

JOSEPHINE SALAS
Printed name of officer administering oath

Notary Public
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:	
2 FILER NAME <i>BURNS, GARY E.</i>				3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>2/13/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>A.C. Brown, JR</i>	7 Amount of contribution (\$) <i>\$100</i>	8 In-kind contribution description (if applicable) <i>ck.</i>		
6 Contributor address; City; State; Zip Code <i>Box 2494 Victoria, TX. 77901</i>					
9 Principal occupation / Job title (See Instructions) <i>Investor</i>			10 Employer (See Instructions) <i>Self</i>		
Date <i>2/13/04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Milton Chapman</i>	Amount of contribution (\$) <i>\$100</i>	In-kind contribution description (if applicable) <i>ck.</i>		
Contributor address; City; State; Zip Code <i>231 Spur Dr. Victoria, TX 77904</i>					
Principal occupation / Job title (See Instructions) <i>Lawyer</i>			Employer (See Instructions) <i>Self</i>		
Date <i>2/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Augie Pedraza</i>	Amount of contribution (\$) <i>\$100</i>	In-kind contribution description (if applicable) <i>ck</i>		
Contributor address; City; State; Zip Code <i>2019 Houston Hwy Victoria, TX 77901</i>					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <i>2/15/04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>They Ruschhaupt</i>	Amount of contribution (\$) <i>\$50</i>	In-kind contribution description (if applicable) <i>ck</i>		
Contributor address; City; State; Zip Code <i>8444 LMV Rd. Victoria, TX 77905</i>					
Principal occupation / Job title (See Instructions) <i>Rancher</i>			Employer (See Instructions) <i>Self</i>		
Date <i>2/15/04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John M. MINTS</i>	Amount of contribution (\$) <i>\$100</i>	In-kind contribution description (if applicable) <i>ck.</i>		
Contributor address; City; State; Zip Code <i>77 Joe Beaver Ln. 77905</i>					
Principal occupation / Job title (See Instructions) <i>Admin.</i>			Employer (See Instructions) <i>Thomas Petroleum</i>		

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:

2 FILER NAME

BURNS, Gary E.

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/17/04

5 Full name of contributor

Joyce/Felipe Covington

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

7 Amount of contribution (\$)

\$1,00⁰⁰

8 In-kind contribution description (if applicable)

ck.

6 Contributor address; City; State; Zip Code

6109 FM 390N Brenham, Tx. 77833

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2/17/04

Full name of contributor

Gus & Cheryl Kroos

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

Amount of contribution (\$)

\$1,00⁰⁰

In-kind contribution description (if applicable)

ck

Contributor address; City; State; Zip Code

213 West Chester St. Victoria, Tx 77903

Principal occupation / Job title (See Instructions)

Manager

Employer (See Instructions)

HEB

Date

2/25/04

Full name of contributor

Thomas/Lisa Null

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

Amount of contribution (\$)

\$50

In-kind contribution description (if applicable)

ck

Contributor address; City; State; Zip Code

801 Champions Row Victoria, Tx 77904

Principal occupation / Job title (See Instructions)

CPA / Dentist

Employer (See Instructions)

SELF

Date

2/28/04

Full name of contributor

Bain/Jackie Cate

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

Amount of contribution (\$)

\$50

In-kind contribution description (if applicable)

ck.

Contributor address; City; State; Zip Code

816 Santa Fe

Principal occupation / Job title (See Instructions)

Doctor / Insurance

Employer (See Instructions)

County / SELF

Date

Full name of contributor

John/Sandra Billups

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

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2202 N. Liberty Victoria, Tx. 77901

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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:	
2 FILER NAME <i>BURNS, GARY E.</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>2/28/04</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Steve Orr</i>	7 Amount of contribution (\$) <i>\$50⁰⁰</i>	8 In-kind contribution description (if applicable) <i>ck.</i>
6 Contributor address; City; State; Zip Code <i>5606 N. Navarro Victoria, TX 77904</i>			
9 Principal occupation / Job title (See Instructions) <i>Investor</i>		10 Employer (See Instructions) <i>Self</i>	
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)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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)
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:
2 FILER NAME <i>Burns, Gary E.</i>		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$
5 Date of loan <i>2/28/04</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Burns, Gary & J.R.</i>	9 Loan Amount (\$) <i>2000⁰⁰</i>
6 Is lender a financial institution? Y <input checked="" type="radio"/> N <input type="radio"/>	8 Lender address; City; State; Zip Code <i>3702 Coletoville Rd E. Victoria, TX, 77905</i>	10 Interest rate <i>0</i>
12 Principal occupation / Job title (See Instructions) <i>Self</i>		11 Maturity date <i>12-31-04</i>
13 Employer (See Instructions) <i>Self</i>		
14 Description of Collateral <input checked="" type="checkbox"/> none		
15 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	16 Name of guarantor	18 Amount Guaranteed (\$)
17 Guarantor address; City; State; Zip Code		
19 Principal Occupation <i>MA</i>	20 Employer <i>MA</i>	
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	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.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME *Burns, Gary E.*

3 ACCOUNT # (Ethics Commission filers)

4 Date <i>2/20/04</i>	5 Payee name <i>Victoria Advocate</i>	7 Amount (\$) <i>300⁰⁰</i>
6 Payee address; City; State; Zip Code <i>Box 1518 Victoria, TX 77902</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>Advertisement</i>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <i>2/27/04</i>	Payee name <i>Victoria Advocate</i>	Amount (\$) <i>360⁰⁰</i>
Payee address; City; State; Zip Code <i>Box 1518 Victoria, TX. 77902</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Advertisement</i>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <i>2/28/04</i>	Payee name <i>Chase</i>	Amount (\$) <i>3898⁶⁸</i>
Payee address; City; State; Zip Code <i>Box 52108 Phoenix, Az. 85072-2108</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Sign Expense - Allied Signs Dierker Feed</i>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <i>2/20</i>	Payee name <i>Victoria Presort</i>	Amount (\$) <i>888⁹⁶</i>
Payee address; City; State; Zip Code <i>Box 575 Cuero, TX 77954</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Mailings + Postage</i>	** 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 FILER NAME *Burns, Gary E.* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>2/12/04</i>	5 Payee name <i>Martin Printing</i>	7 Amount (\$) <i>\$451.00</i>
6 Payee address; City; State; Zip Code <i>Box 3602 Victoria, TX. 77903</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>Mail outs</i>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <i>2/12/04</i>	Payee name <i>Victoria Advocate</i>	Amount (\$) <i>\$500.00</i>
Payee address; City; State; Zip Code <i>Box 1518 Victoria, TX. 77902</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Advertisement</i>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <i>2/18/04</i>	Payee name <i>Victoria Presort</i>	Amount (\$) <i>1015.00</i>
Payee address; City; State; Zip Code <i>Box 575 Cuero, TX. 77954</i>		

Purpose of payment (See instructions regarding type of information required.) <i>mailings + postage</i>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <i>2/18/04</i>	Payee name <i>Chris Nicholson</i>	Amount (\$) <i>\$224.00</i>
Payee address; City; State; Zip Code <i>Box 2522 Victoria, TX 77902</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Campaign Expenses for mailings</i>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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