

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<p><b>The C/OH INSTRUCTION GUIDE explains how to complete this form.</b></p>		<p><b>1 ACCOUNT #</b> (Ethics Commission filers)</p>	<p><b>2 Total pages filed:</b></p>				
<p><b>3 CANDIDATE / OFFICEHOLDER NAME</b></p>	<p>MS / MRS (MR) <u>MR</u> FIRST MI <b>GARY F.</b> LAST SUFFIX <b>BURNS</b></p>	<p style="text-align: center;"><b>OFFICE USE ONLY</b></p> <p>Date Received</p> <hr/> <p>Date Hand-delivered or Date Postmarked <b>4/5/02</b> <i>[Signature]</i></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount</td> </tr> <tr> <td> </td> <td> </td> </tr> </table> <p>Date Processed</p> <p>Date Imaged</p>		Receipt #	Amount		
Receipt #	Amount						
<p><b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address</p>	<p>ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE <b>Box 4806 Victoria, TX 77903</b></p>						
<p><b>5 CANDIDATE / OFFICEHOLDER PHONE</b></p>	<p>AREA CODE PHONE NUMBER EXTENSION <b>(361) 220-2284</b></p>						
<p><b>6 CAMPAIGN TREASURER NAME</b></p>	<p>MS / MRS (MR) <u>MR</u> FIRST MI <b>John</b> LAST SUFFIX <b>MINTAS</b></p>						
<p><b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or business)</p>	<p>STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE <b>77 Joe Beaver Lane Victoria, TX 77905</b></p>						
<p><b>8 CAMPAIGN TREASURER PHONE</b></p>	<p>AREA CODE PHONE NUMBER EXTENSION <b>(361) 573 5855</b></p>						
<p><b>9 REPORT TYPE</b></p>	<p><input type="checkbox"/> January 15    <input type="checkbox"/> 30th day before election    <input checked="" type="checkbox"/> Runoff    <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</p> <p><input type="checkbox"/> July 15    <input type="checkbox"/> 8th day before election    <input type="checkbox"/> Exceeded \$500 limit    <input type="checkbox"/> Final report (Attach C/OH - FR)</p>						
<p><b>10 PERIOD COVERED</b></p>	<p>Month Day Year    THROUGH    Month Day Year <b>03 / 01 / 04    THROUGH    04 / 03 / 04</b></p>						
<p><b>11 ELECTION</b></p>	<p>ELECTION DATE Month Day Year <b>04 / 13 / 04</b></p>	<p>ELECTION TYPE <input type="checkbox"/> Primary    <input checked="" type="checkbox"/> Runoff    <input type="checkbox"/> General    <input type="checkbox"/> Special</p>					
<p><b>12 OFFICE</b></p>	<p>OFFICE HELD (if any) <b>MA</b></p>	<p><b>13 OFFICE SOUGHT (if known)</b> <b>County Commissioner Act. 3</b></p>					
<p><b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b></p>	<p>.. 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. ..</p> <p>Name <b>MA</b></p> <p>Address / PO Box, Apt. / Suite #, City, State, Zip Code</p> <p><input type="checkbox"/> additional pages</p>						

**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. ••

<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	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 750 <sup>00</sup>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 9354 <sup>03</sup>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,975 <sup>00</sup>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 15,000

19 AFFIDAVIT

JOSEPHINE SALAS  
Notary Public  
State of Texas  
Comm. Exp. 8-10-2008

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 5th day of APRIL, 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  
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

*BURNS, Gary E.*

3 ACCOUNT # (Ethics Commission filers)

4 Date

*3/17/4*

5 Full name of contributor

*Tim Murray*

out-of-state PAC (ID#: \_\_\_\_\_)

6 Contributor address; City; State; Zip Code

*901 E. Rio Grande  
Victoria, TX 77901*

7 Amount of contribution (\$)

*\$100*

8 In-kind contribution description (if applicable)

*cash*

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

*3/20/4*

Full name of contributor

*Buddy Kamin*

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

*201 E. Santa Rosa  
Victoria, TX 77901*

Amount of contribution (\$)

*2007*

In-kind contribution description (if applicable)

*ck*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*3/25/4*

Full name of contributor

*Jay Lack*

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

*901 Probit Dr. Victoria, TX 77901*

Amount of contribution (\$)

*\$100*

In-kind contribution description (if applicable)

*cash*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

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.**

# 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>3/1/04</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Milton Stolis</i>	7 Amount of contribution (\$) <i>\$50<sup>00</sup></i>	8 In-kind contribution description (if applicable) <i>CK</i>
6 Contributor address; City; State; Zip Code <i>420 Kingwood Victoria, TX 77901</i>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>3/1/04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gibbs, John JR</i>	Amount of contribution (\$) <i>\$50<sup>00</sup></i>	In-kind contribution description (if applicable) <i>CK</i>
Contributor address; City; State; Zip Code <i>937 Carefree Dr. Victoria, TX 77905</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/3/04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gibbs, John</i>	Amount of contribution (\$) <i>\$50<sup>00</sup></i>	In-kind contribution description (if applicable) <i>CK</i>
Contributor address; City; State; Zip Code <i>204 S. Hummel St. Victoria, TX 77901</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/4/4</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Nancy Ashy</i>	Amount of contribution (\$) <i>\$100<sup>00</sup></i>	In-kind contribution description (if applicable) <i>CK</i>
Contributor address; City; State; Zip Code <i>104 Albany Victoria, TX 77904</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/15/4</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Richard Cisneros</i>	Amount of contribution (\$) <i>\$100<sup>00</sup></i>	In-kind contribution description (if applicable) <i>CASH</i>
Contributor address; City; State; Zip Code <i>1505 S. Laurent Victoria, TX 77901</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The **INSTRUCTION GUIDE** explains how to complete this form. **1** Total pages Schedule B:

**2** FILER NAME **3** ACCOUNT # (Ethics Commission filers)

**4** TOTAL OF UNITEMIZED PLEDGES:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨   ⇨   \$

<b>5</b> Date	<b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>8</b> Amount of pledge (\$)	<b>9</b> In-kind description (if applicable)
	<b>7</b> Pledgor address;    City;   State;   Zip Code		

**10** Principal occupation / Job title (See Instructions)    **11** Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address;    City;   State;   Zip Code		

Principal occupation / Job title (See Instructions)    Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address;    City;   State;   Zip Code		

Principal occupation / Job title (See Instructions)    Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address;    City;   State;   Zip Code		

Principal occupation / Job title (See Instructions)    Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor 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:
2 FILER NAME <i>Burns, Gary E.</i>		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS:    ⬆   ⬆   ⬆   ⬆   ⬆   ⬆		\$
5 Date of loan <i>4/2/04</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Burns, Gary &amp; J. R.</i>	9 Loan Amount (\$) <i>3,000</i>
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address;    City;    State;    Zip Code <i>3702 Coletouville 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  17 Guarantor address;    City;    State;    Zip Code	18 Amount Guaranteed (\$)
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? 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  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.

**LOANS**

**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

Burns, Gary E.

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS:

\$

5 Date of loan

3/10/14

7 Name of lender

Burns, Gary & J.R.

out-of-state PAC (ID#):

9 Loan Amount (\$)

3,000<sup>00</sup>

6 Is lender a financial Institution?

Y  N

8 Lender address; City; State; Zip Code

3702 Coletoville Rd E  
Victoria, TX 77905

10 Interest rate

11 Maturity date

12-31-04

12 Principal occupation / Job title (See Instructions)

self

13 Employer (See Instructions)

self

14 Description of Collateral

none

15 GUARANTOR INFORMATION

not applicable

16 Name of guarantor

17 Guarantor address; City; State; Zip Code

18 Amount Guaranteed (\$)

19 Principal Occupation

20 Employer

Date of loan

3/19/14

Name of lender

Burns, Gary & J.R.

out-of-state PAC (ID#):

Loan Amount (\$)

2,000

Is lender a financial Institution?

Y  N

Lender address; City; State; Zip Code

3702 Coletoville Rd E  
Victoria, TX 77905

Interest rate

0

Maturity date

12-31-04

Principal occupation / Job title (See Instructions)

self

Employer (See Instructions)

self

Description of Collateral

none

GUARANTOR INFORMATION

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:

2 FILER NAME *Buans, Gary E.* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>3/3/4</i>	5 Payee name <i>Victoria Presort</i>	7 Amount (\$) <i>865<sup>74</sup></i>
6 Payee address: City, State, Zip Code <i>Box 575 Cuero, TX 77954</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>Advertisement</i>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
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Date <i>3/5/4</i>	Payee name <i>Victoria Advocate</i>	Amount (\$) <i>500<sup>00</sup></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>Advertising</i>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
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Date <i>3/8/4</i>	Payee name <i>Victoria Advocate</i>	Amount (\$) <i>495<sup>00</sup></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>Advertising</i>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
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Date <i>3/11/4</i>	Payee name <i>Martin Printing</i>	Amount (\$) <i>741<sup>51</sup></i>
Payee address: City, State, Zip Code <i>Box 3602 Victoria, TX 77903</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Advertising</i>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
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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: **Burns, Gary E.** 3 ACCOUNT # (Ethics Commission filers)

4 Date <b>3/11/4</b>	5 Payee name <b>Chris Nicholson</b>	7 Amount (\$) <b>586<sup>00</sup></b>
6 Payee address; City; State; Zip Code <b>Box 2572 Victoria, TX 77912</b>		

8 Purpose of payment (See instructions regarding type of information required.) <b>Campaign Exp.</b>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
---	--

Date <b>3/11/4</b>	Payee name <b>Instant Copy</b>	Amount (\$) <b>986<sup>00</sup></b>
Payee address; City; State; Zip Code <b>1810 N. Navarro Victoria, TX 77904</b>		

Purpose of payment (See instructions regarding type of information required.) <b>Advertising</b>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
---	--

Date <b>3/11/4</b>	Payee name <b>Victoria Presort</b>	Amount (\$) <b>653<sup>00</sup></b>
Payee address; City; State; Zip Code <b>Box 575 Cuero, TX 77954</b>		

Purpose of payment (See instructions regarding type of information required.) <b>Postage</b>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
---	--

Date <b>3/19</b>	Payee name <b>Victoria Presort</b>	Amount (\$) <b>863<sup>00</sup></b>
Payee address; City; State; Zip Code <b>Box 575 Cuero, TX 77954</b>		

Purpose of payment (See instructions regarding type of information required.) <b>Postage</b>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> 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 <i>BURNS, Gary E.</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>3/26/4</i>	5 Payee name <i>Victoria Advocate</i> 6 Payee address; City; State; Zip Code <i>Box 1518 Victoria, TX 77902</i>	7 Amount (\$) <i>400<sup>00</sup></i>
8 Purpose of payment (See instructions regarding type of information required.) <i>Advertising</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>3/29/4</i>	Payee name <i>Victoria Present</i> Payee address; City; State; Zip Code <i>Box 575 Cuero, TX 77954</i>	Amount (\$) <i>803<sup>47</sup></i>
Purpose of payment (See instructions regarding type of information required.) <i>Postage</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>4/2/4</i>	Payee name <i>Victoria Advocate</i> Payee address; City; State; Zip Code <i>Box 1518 Victoria, TX 77902</i>	Amount (\$) <i>500<sup>00</sup></i>
Purpose of payment (See instructions regarding type of information required.) <i>Advertising</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>4/3/4</i>	Payee name <i>Martin Printing</i> Payee address; City; State; Zip Code <i>Box 3602 Victoria, TX. 77903</i>	Amount (\$) <i>1482<sup>53</sup></i>
Purpose of payment (See instructions regarding type of information required.) <i>Advertising</i>		** 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

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

*4/3*

5 Payee name

*Chris Nicholson*

7 Amount (\$)

*476<sup>19</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 Expenses*

9 .. 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

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