

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 26								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR      FIRST      MI Mr.      John      W. NICKNAME      LAST      SUFFIX Burns	<b>OFFICE USE ONLY</b>  Date Received <div style="font-size: 2em; font-weight: bold; margin: 10px 0;">RECEIVED</div> <div style="font-size: 1.5em; font-weight: bold; margin: 10px 0;">JAN 16 2018</div> <div style="font-size: 1.5em; font-weight: bold; margin: 10px 0;">ELECTION OFFICE</div> Date Hand-delivered or Date Postmarked  <table style="width:100%; border: none;"> <tr> <td style="border: none; width: 50%;">Receipt #</td> <td style="border: none; width: 50%;">Amount \$</td> </tr> <tr> <td colspan="2" style="border: none;">Date Processed</td> </tr> <tr> <td colspan="2" style="border: none;">Date Imaged</td> </tr> </table>		Receipt #	Amount \$	Date Processed		Date Imaged			
Receipt #	Amount \$										
Date Processed											
Date Imaged											
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE 1704 Grassy Field Road, Austin, TX 78737										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION ( 512 )      615-1244										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR      FIRST      MI Mr.      Stephen      A. NICKNAME      LAST      SUFFIX Steve      Meyer      Sr.	Receipt #      Amount \$  Date Processed  Date Imaged									
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE 143 Yucca Cove, Austin, TX 78737										
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION (      )										
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input checked="" 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 type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)
<input checked="" 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 type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)								
10 PERIOD COVERED	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Month    Day    Year</td> <td style="width: 20%;"></td> <td style="text-align: center;">Month    Day    Year</td> </tr> <tr> <td style="text-align: center;">08 / 06 / 2017</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">12 / 31 / 2017</td> </tr> </table>			Month    Day    Year		Month    Day    Year	08 / 06 / 2017	THROUGH	12 / 31 / 2017		
Month    Day    Year		Month    Day    Year									
08 / 06 / 2017	THROUGH	12 / 31 / 2017									
11 ELECTION	<table style="width:100%; border: none;"> <tr> <td style="width: 30%;">           ELECTION DATE            Month    Day    Year            03 / 06 / 2018         </td> <td style="width: 70%;">           ELECTION TYPE  <input checked="" type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description  <input type="checkbox"/> General    <input type="checkbox"/> Special         </td> </tr> </table>			ELECTION DATE Month    Day    Year 03 / 06 / 2018	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special						
ELECTION DATE Month    Day    Year 03 / 06 / 2018	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special										
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)  Justice of the Peace, Hays Co., Precinct 4									

GO TO PAGE 2

*emailed*

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME  
John W. Burns

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE 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

COMMITTEE NAME

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$12,616.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 0

4. TOTAL POLITICAL EXPENDITURES \$7,864.70

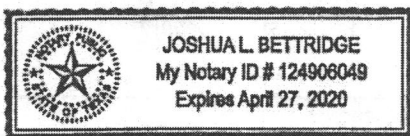
CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$4,751.30

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$10,000.00

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

*John W. Burns*

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said John W. Burns, this the 12<sup>th</sup> day of January, 2018, to certify which, witness my hand and seal of office.

*Joshua L. Bettridge*  
Signature of officer administering oath

Joshua L. Bettridge  
Printed name of officer administering oath

Notary  
Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

<b>19 FILER NAME</b> John W. Burns	<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE	<b>SUBTOTAL AMOUNT</b>
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 11,440.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1176.00
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$ 10,000.00
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7864.70
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 200.00
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 909.94
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 200.00
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 12

2 FILER NAME John W. Burns

3 Filer ID (Ethics Commission Filers)

4 Date

9/20/17

5 Full name of contributor

EJ Pellegrino

☐ out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

100.00

6 Contributor address;

City; State; Zip Code

26594 E. Arapahoe Place, Aurora, CO 80016

8 Principal occupation / Job title (See Instructions)

retired

9 Employer (See Instructions)

Date

9/20/17

Full name of contributor

Louis Koczela

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

50.00

Contributor address;

City; State; Zip Code

7585 Navigator Circle, Carlsbad, CA 92011

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

Date

9/20/17

Full name of contributor

Richard Burns

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

1421 Humuula Street, Kailua, HI 96734

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

Date

9/20/17

Full name of contributor

Nora Lee Tarney

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

4026 Banff Lane, Phoenix, AZ 85053

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 2

2 FILER NAME John W. Burns

3 Filer ID (Ethics Commission Filers)

4 Date

9/20/17

5 Full name of contributor

Jeff D. Maynard

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

250.00

6 Contributor address; City; State; Zip Code

1457 Kim Place, Chula Vista, CA 91911

8 Principal occupation / Job title (See Instructions)

General Contactor

9 Employer (See Instructions)

Residential Remodeling

Date

9/20/17

Full name of contributor

Ronna Maynard

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

1457 Kim Place, Chula Vista, CA 91911

Principal occupation / Job title (See Instructions)

housewife

Employer (See Instructions)

Date

9/20/17

Full name of contributor

Dorothy Biwer

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

N20 W29420 Oakton Rd., Pewaukee, WI 53072

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

Date

9/20/17

Full name of contributor

Leigh Maynard

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

3312 NE 12th Ave., Portland, OR 97212

Principal occupation / Job title (See Instructions)

sales associate

Employer (See Instructions)

Lowe's

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:**2** FILER NAME John W. Burns**3** Filer ID (Ethics Commission Filers)**4** Date

9/20/17

**5** Full name of contributor

Donald R. Hoover, Sr.

☐ out-of-state PAC (ID#: \_\_\_\_\_)**6** Contributor address;

City; State; Zip Code

1901 Rensselaer St., Griffith, IN 46319

**7** Amount of contribution (\$)

25.00

**8** Principal occupation / Job title (See Instructions)

bus driver

**9** Employer (See Instructions)

Griffith ISD

Date

9/20/17

Full name of contributor

Pat Burns

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City; State; Zip Code

13050 Four Star Boulevard, Austin 78737

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

Date

11/17/17

Full name of contributor

Bill Little

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City; State; Zip Code

1723 Grassy Field Road, Austin 78737

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

consultant

Employer (See Instructions)

Peak Performance Consulting Group

Date

11/15/17

Full name of contributor

Heather Bettridge

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City; State; Zip Code

1693 Grassy Field Road, Austin 78737

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Management Trainer

Employer (See Instructions)

Texas Medical Association

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:**2** FILER NAME John W. Burns**3** Filer ID (Ethics Commission Filers)**4** Date

11/15/17

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

Wally Kinney

**7** Amount of contribution (\$)

200.00

**6** Contributor address; City; State; Zip Code  
1034 Hidden Hills Dr., Dripping Springs 78620**8** Principal occupation / Job title (See Instructions)  
retired**9** Employer (See Instructions)

Date

11/15/17

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Mary Pat Paul

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code  
310 Springwood Road, Dripping Springs 78620Principal occupation / Job title (See Instructions)  
retired

Employer (See Instructions)

Date

11/17/17

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Maripat Powers

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code  
1280 Drifting Wind Run, Dripping Springs 78620Principal occupation / Job title (See Instructions)  
consultantEmployer (See Instructions)  
self-employed

Date

11/15/17

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Roger Kew

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code  
2 Sage Court, Austin 78737Principal occupation / Job title (See Instructions)  
builderEmployer (See Instructions)  
self-employed**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:**2** FILER NAME John W. Burns**3** Filer ID (Ethics Commission Filers)**4** Date  
11/15/17**5** Full name of contributor  
James Muhlenbruch☐ out-of-state PAC (ID#: \_\_\_\_\_)**7** Amount of contribution (\$)  
50.00**6** Contributor address; City; State; Zip Code  
11216 Real Quiet Drive, Austin 78748**8** Principal occupation / Job title (See Instructions)  
solar energy consultant**9** Employer (See Instructions)  
self-employed**Date**  
11/15/17**Full name of contributor**  
Regina Lim☐ out-of-state PAC (ID#: \_\_\_\_\_)**Amount of contribution (\$)****Contributor address; City; State; Zip Code**  
1739 Grassy Field Road, Austin 78737

100.00

**Principal occupation / Job title (See Instructions)**  
CFO**Employer (See Instructions)**  
Texas Hospital Association**Date**  
11/17/17**Full name of contributor**  
Jeanine Egby☐ out-of-state PAC (ID#: \_\_\_\_\_)**Amount of contribution (\$)****Contributor address; City; State; Zip Code**  
8404 Lookout Cliff Pass, Austin 78737

25.00

**Principal occupation / Job title (See Instructions)**  
school psychologist**Employer (See Instructions)**  
DSISD**Date**  
11/15/17**Full name of contributor**  
Kerry Shroy☐ out-of-state PAC (ID#: \_\_\_\_\_)**Amount of contribution (\$)****Contributor address; City; State; Zip Code**  
P.O. Box 795, Jacksonville, OR 97530

100.00

**Principal occupation / Job title (See Instructions)**  
housewife**Employer (See Instructions)****ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:**2** FILER NAME John W. Burns**3** Filer ID (Ethics Commission Filers)**4** Date

11/22/17

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

Kymberli Speight

**7** Amount of contribution (\$)

50.00

**6** Contributor address; City; State; Zip Code

139 Sandpiper, Austin 78737

**8** Principal occupation / Job title (See Instructions)  
trainer**9** Employer (See Instructions)  
Sterlene & Scott, LLC

Date

11/23/17

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Gloria Norberg

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

7413 Lady Suzanne's Ct., Austin 78729

Principal occupation / Job title (See Instructions)  
Patent AgentEmployer (See Instructions)  
Thermo Fisher Scientific

Date

11/23/17

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Joe Rinaldi

Amount of contribution (\$)

25.00

Contributor address; City; State; Zip Code

3412 Centerpoint Rd. NE, Cedar Rapids, IA 52402

Principal occupation / Job title (See Instructions)  
Financial PlannerEmployer (See Instructions)  
Senior Financial Services Group

Date

11/25/17

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Kerry Jones

Amount of contribution (\$)

25.00

Contributor address; City; State; Zip Code

1 Ridgeway Circle, Wimberley, TX 78676

Principal occupation / Job title (See Instructions)  
Physical TherapistEmployer (See Instructions)  
Encore Rehabilitation Services**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:**2** FILER NAME John W. Burns**3** Filer ID (Ethics Commission Filers)**4** Date

11/29/17

**5** Full name of contributor

Albert Wai-Kit Chan

☐ out-of-state PAC (ID#: \_\_\_\_\_)**7** Amount of contribution (\$)

500.00

**6** Contributor address; City; State; Zip Code

141-07 20th Ave., Ste. 116, Whitestone, NY 11357

**8** Principal occupation / Job title (See Instructions)

Managing Partner

**9** Employer (See Instructions)

Law Offices of Albert Wai-Kit Chan

Date

11/30/17

Full name of contributor

Ming Liu

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

103 Pleasant Avenue, Fanwood, NJ 07023

Principal occupation / Job title (See Instructions)

Pharmaceutical Consultant

Employer (See Instructions)

self-employed

Date

12/1/17

Full name of contributor

Dennis Hawks

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

2N118 Powley Road, Elburn, IL 60119

Principal occupation / Job title (See Instructions)

Farmer

Employer (See Instructions)

self-employed

Date

12/2/17

Full name of contributor

Emily Maynard

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

29 Red Bud, Aliso Viejo, CA 92656

Principal occupation / Job title (See Instructions)

Education Administrator

Employer (See Instructions)

Saddleback Community College District

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:**2** FILER NAME John W. Burns**3** Filer ID (Ethics Commission Filers)**4** Date

8/29/17

**5** Full name of contributor  
Sarah K. Brandon☐ out-of-state PAC (ID#: \_\_\_\_\_)**7** Amount of contribution (\$)

750.00

**6** Contributor address; City; State; Zip Code  
13062 Hwy. 290 West, Austin 78737**8** Principal occupation / Job title (See Instructions)  
Attorney**9** Employer (See Instructions)  
Law Office of Sarah Brandon

Date

11/30/17

Full name of contributor  
Marianna Goldrick☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

25.00

Contributor address; City; State; Zip Code  
1802 Barton Parkway, Austin 78704Principal occupation / Job title (See Instructions)  
R & D scientistEmployer (See Instructions)  
Bioo Scientific Corporation

Date

12/1/17

Full name of contributor  
Jon Smith☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code  
3305 Northland Dr, Austin, Ste. 500Principal occupation / Job title (See Instructions)  
AttorneyEmployer (See Instructions)  
Law Office of Jon Smith

Date

12/28/17

Full name of contributor  
R. Hank Seale☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

5000.00

Contributor address; City; State; Zip Code  
491 Hog Hollow Road, Dripping Springs TX 78620Principal occupation / Job title (See Instructions)  
businessman-entrepreneurEmployer (See Instructions)  
Self-employed**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME John W. Burns

3 Filer ID (Ethics Commission Filers)

4 Date  
10/4/17

5 Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Stephen A. Meyer

7 Amount of contribution (\$)  
2.00

6 Contributor address; City; State; Zip Code  
143 Yucca Cove, Austin TX 78737

8 Principal occupation / Job title (See Instructions)  
self-employed

9 Employer (See Instructions)

Date  
10/7/17

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Stephen A. Meyer

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
143 Yucca Cove, Austin TX 78737

3.00

Principal occupation / Job title (See Instructions)  
self-employed

Employer (See Instructions)

Date  
10/8/17

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Melody L. Burns

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
1704 Grassy Field Road, Austin TX 78737

100.00

Principal occupation / Job title (See Instructions)  
retired

Employer (See Instructions)

Date  
10/9/17

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Georgia Catoe

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
1655 Grassy Field Rd Austin, TX 78737

20.00

Principal occupation / Job title (See Instructions)  
homemaker

Employer (See Instructions)  
self

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME John W. Burns		3 Filer ID (Ethics Commission Filers)
4 Date 10/26/17	5 Full name of contributor Suellen Lussier <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 809 CLEAR STREAM CROSSING AUSTIN, TX 78753	7 Amount of contribution (\$) 90.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 10/27/17	Full name of contributor Amali Siedlecki <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 8212 Isaac Pryor Drive Austin, TX 78749	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Diversity Recruiter		Employer (See Instructions) Dropbox
Date 10/30/17	Full name of contributor Robin M. Skratsky <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 22 Spur Court, Streamwood, IL 60107	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/30/17	Full name of contributor Cindy McGill <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 4018 Golden Circle Salt Lake City, UT 84124	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) author		Employer (See Instructions) self-employed
<p>.....</p>		
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:**2** FILER NAME John W. Burns**3** Filer ID (Ethics Commission Filers)**4** Date  
10/30/17**5** Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Janet DuBois**7** Amount of contribution (\$)  
100.00**6** Contributor address; City; State; Zip Code  
770 Nolan Ave., Chula Vista, CA 91910-6324**8** Principal occupation / Job title (See Instructions)  
retired**9** Employer (See Instructions)Date  
10/31/17Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Jeffrey L. MaynardAmount of contribution (\$)  
250.00Contributor address; City; State; Zip Code  
217 Aurora Ave San Marcos, CA 92078Principal occupation / Job title (See Instructions)  
Deputy SheriffEmployer (See Instructions)  
Riverside Co. Sheriff's DepartmentDate  
11/5/17Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Jane AllenAmount of contribution (\$)  
100.00Contributor address; City; State; Zip Code  
839 Mistletoe Ln Carlsbad, CA 92011Principal occupation / Job title (See Instructions)  
editorEmployer (See Instructions)  
self-employedDate  
11/13/17Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Marcy SchneiderAmount of contribution (\$)  
50.00Contributor address; City; State; Zip Code  
195 Willow Walk Cove Austin, TX 78737Principal occupation / Job title (See Instructions)  
retired

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:**2** FILER NAME John W. Burns**3** Filer ID (Ethics Commission Filers)**4** Date  
11/24/17**5** Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Tana Hunt**7** Amount of contribution (\$)  
500.00**6** Contributor address; City; State; Zip Code  
114 Raindance Cove Austin, TX 78737**8** Principal occupation / Job title (See Instructions)  
Realtor**9** Employer (See Instructions)  
Team Price Real EstateDate  
12/29/17Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Jennifer R Cochran-Green

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
13820 Paisano Circle Austin, TX 78737

100.00

Principal occupation / Job title (See Instructions)  
AttorneyEmployer (See Instructions)  
Law Office of Jennifer R CochranDate  
12/29/17Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Sheila G. Burns

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
4225 Lost Oasis Hollow, Austin TX 78748

50.00

Principal occupation / Job title (See Instructions)  
Marketing ConsultantEmployer (See Instructions)  
Building 12 Communications, LLC

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: 1

2 FILER NAME John W. Burns

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date  
11/15/17

6 Full name of contributor ☐ out-of-state PAC (ID#:

Scott Roberts

7 Contributor address; City; State; Zip Code

P.O. Box 311, Driftwood TX 78619

8 Amount of  
Contribution \$

1176.00

9 In-kind contribution  
description

use of event venue, no charge

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)  
Owner

11 Employer (FOR NON-JUDICIAL) (See Instructions)  
The Salt Lick BBQ

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

Full name of contributor ☐ out-of-state PAC (ID#:

Amount of  
Contribution \$

In-kind contribution  
description

Contributor address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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: 1
2 FILER NAME John W. Burns		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 11/24/17	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: ) John W. Burns	9 Loan Amount (\$) 10,000
6 Is lender a financial institution? <input checked="" type="checkbox"/> No	8 Lender address; City; State; Zip Code 1704 Grassy Field Road, Austin, TX 78737	10 Interest rate 0%
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Attorney		13 Employer (See Instructions) Law Offices of John Burns, PLLC
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	17 Name of guarantor  18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
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
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor  Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:		<b>2</b> FILER NAME John W. Burns		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 12/4/17		<b>5</b> Payee name Rancho Del Cielo Communications			
<b>6</b> Amount (\$) 2000.00		<b>7</b> Payee address; City; State; Zip Code P.O. Box 91142, Austin, TX 78709-1142			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule)  Consulting Expense		<b>(b)</b> Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense political consulting services	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/4/17		Payee name Majority Strategies			
Amount (\$) 1467.55		Payee address; City; State; Zip Code 12854 Kenan Drive, Jacksonville , FL 32258			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Printing Expense		Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense design and printing campaign materials	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/4/17		Payee name Majority Strategies			
Amount (\$) 1525.00		Payee address; City; State; Zip Code 12854 Kenan Drive, Jacksonville , FL 32258			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Event Expense		Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event announcement mailing costs	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME John W. Burns		3 Filer ID (Ethics Commission Filers)	
4 Date 12/5/17		5 Payee name San Marcos Daily Record			
6 Amount (\$) 70.00		7 Payee address; City; State; Zip Code P.O. Box 1109, San Marcos, TX 78666			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense advertisement in Dripping Springs Century News	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/8/17		Payee name Hays County Republican Party			
Amount (\$) 375.00		Payee address; City; State; Zip Code P.O. Box 1655, San Marcos, TX 78667			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Candidate Application Fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/15/17		Payee name A & E Signs			
Amount (\$) 600.79		Payee address; City; State; Zip Code 1030 West Goforth Rd., Buda, TX 78610			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Advertising Expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:		<b>2</b> FILER NAME John W. Burns		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 11/8/17		<b>5</b> Payee name Ledgestone Senior Living			
<b>6</b> Amount (\$) 300.00		<b>7</b> Payee address; City; State; Zip Code 13050 Four Star Blvd., Austin, TX 78737			
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule)  Advertising Expense		<b>(b)</b> Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Advertising- sponsor Veterans Day Event	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/4/17		Payee name The Salt Lick BBQ			
Amount (\$) 1536.36		Payee address; City; State; Zip Code P.O. Box 311, Driftwood TX 78619			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Event Expense		Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense catering for political event	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)		Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# UNPAID INCURRED OBLIGATIONS

## SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 11/19/17	6 Payee name John W. Burns
--------------------	-------------------------------

7 Amount (\$) 200.00	8 Payee address; City; State; Zip Code 1704 Grassy Field Road, Austin, TX 78737
-------------------------	--

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
-----------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense reimbursement for payment to event musician
---------------------------	--	---

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

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**EXPENDITURES MADE BY CREDIT CARD****SCHEDULE F4****EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4:	<b>2</b> FILER NAME John W. Burns	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
<b>5</b> Date 11/10/17	<b>6</b> Payee name A & E Sign	
<b>7</b> Amount (\$) 278.74	<b>8</b> Payee address; City; State; Zip Code 1030 West Goforth Rd., Buda, TX 78610	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Advertising Materials
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/22/17	Payee name Home Depot	
Amount (\$) 165.45	Payee address; City; State; Zip Code 260 East Highway 290, Dripping Springs, TX 78620	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Advertising Materials- items to hang signs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

## SCHEDULE F4

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
 Office Overhead/Rental Expense  
 Polling Expense  
 Printing Expense  
 Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

John W. Burns

9

☒

11

☒

1

Office held

Revised 9/8/2015

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:		2 FILER NAME John W. Burns		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$	
5 Date 10/22/17		6 Payee name Office Depot			
7 Amount (\$) 122.59		8 Payee address; City; State; Zip Code 5300 Mopac Expwy. South #101, Austin TX 78737			
9 TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
10 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Office Supplies	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/12/17		Payee name Office Depot			
Amount (\$) 91.11		Payee address; City; State; Zip Code 5300 Mopac Expwy. South #101, Austin TX 78737			
TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Office Supplies	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					



**EXPENDITURES MADE BY CREDIT CARD****SCHEDULE F4****EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4:		<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$	
<b>5</b> Date 11/13/17		<b>6</b> Payee name Facebook			
<b>7</b> Amount (\$) 50.00		<b>8</b> Payee address; City; State; Zip Code			
<b>9</b> TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
<b>10</b> PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense political advertising expense	
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/10/17		Payee name Facebook			
Amount (\$) 25.00		Payee address; City; State; Zip Code			
TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense political advertising expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME John W. Burns	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11/19/17	<b>5</b> Payee name Fred Fuller	
<b>6</b> Amount (\$) 200.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense - music at political event	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED