# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Suide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages f	iled: 8
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	John	MI W	OFFICE	USEONLY
NAME	NICKNAME	Burns	SUFFIX	Date Received	eived
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	AUSTIN	APT / SUITE #;	CITY; STATE; ZIP CODE	JAN 2	4 2022 ns Office
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (512)	\$58-7446	EXTENSION		d or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	Steve	MI	Receipt #	Amount \$
NAME	NICKNAME	Meyer	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	UITE #; CITY;	STATE;	ZIP CODE
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION				
9 REPORT TYPE	January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (Officeholder Only)  July 15  8th day before election  Exceeded Modified Reporting Limit  Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month Day Year Month Day Year 7 / 1 / 2021 THROUGH 12 / 31 / 2021				
11 ELECTION	ELECTION DATE  Month Day Year Primary Runoff Other Description  Special Special				
12 OFFICE	OFFICE HELD (if any)  Lustice	of the Peac	e 4 Justice of t	_	e Pot 4
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICE	CEHOLDER, THESE EXPENDITURE	ACCEPTED OR POLITICAL EXPENDITURES AS MAY HAVE BEEN MADE WITHOUT THE CAN RED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHO	LDER'S KNOWLEDGE OR
COMMITTEE(3)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS		
	1	GO TO	PAGE 2		

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

15 C/OH NAME	ohn W. Burns	16 Filer ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ _		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$		
	4. TOTAL POLITICAL EXPENDITURES	\$7114.06		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	*13,396.57		
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$		
	wear, or affirm, under penalty of perjury, that the accompanying report is true uired to be reported by me under Title 15, Election Code.	and correct and includes all information		
	Signature of Car	ndidate or Officeholder		
Please complete either option below:				
(1) Affidavit				
NOTARY STAMP/SEAL				
Sworn to and subscribed	before me by this the	day of,		
20, to certify which, witness my hand and seal of office.				
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath		
OR				
(2) Unsworn Declaration				
My name is John	William Burns, and my date of birth is	8/28/1953		
My address is		× 18737 Hays		
(street) (city) (state) (zip code) (country)  Executed in Hays County, State of Texas , on the 14th day of January , 20 22 .  Signature of Candidate/Officeholder (Declarant)				

# SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

19	19 FILER NAME  JOHN W. Runs  20 Filer ID (Ethics Con		
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$7114.06	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 260.48	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### **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.		
Total pages Schedule F1:	2 FILER NAME John W. Burn	3	3 Filer ID (Ethics	Commission Filers)
9 16121	5 Payee name Dripping Springs He	liping Ham	de	
Amount (\$)	7 Payee address;	Drippins Springs	State;	Zip Code 78620
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense	(b) Description Empty B Spousor	owle Even	4
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Place 9/30/21	Dripping Springs Li	ons club	>	
Amount (\$)	Payee address;	City; Dripping Springs	State;	Zip Code 78620
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Event Expense	Description Christma Event S	s on Me ponsorsh	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date 10/3/21	Payee name Adrian Salinas - Hig	shpoints E	Evert Con	smittel
Amount (\$)	Payee address;	City; Austino	State;	Zip Code 78737
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Event Expense	Description . Highpoin Event Sp	te BBQ sonsoveh	Cookoff
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, 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 NEI	EDED	

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(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)

Credit Card Payment 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 Marsh & Mihaly Marketing Group 10/26/21 6 Amount (\$) Zip Code \$1599,01 (b) Description Web Design for (a) Category (See Categories listed at the top of this schedule) 8 Advertising Expense campaign Website **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought 9 Complete ONLY if direct expenditure to benefit C/OH A&E Signs and Graphies 10/26/21 Payee address; City; 1030 W. Goforth Rd. Buda Amount (\$) Zip Code \$1529.57 Category (See Categories listed at the top of this schedule) Campaign Light and Barner Advertising Expense **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living axpense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Hays GOP Primary Amount (\$) Payee address; City; State: Zip Code \$375.00 Category (See Categories listed at the top of this schedule) State Filing Fee to run PURPOSE Fees OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH John Rums JP4

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### **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 tins form.		
Total pages Schedule F1:	2 FILER NAME JOHN W. Bur	ne	3 Filer ID (Ethic	s Commission Filers
Date 2/21/21	5 Payee name CNase Bank			
Amount (\$) 860,48	7 Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Credit Cand Payment	(b) Description for creative c	lit card Schedu	expensel le F4
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name		All of the second secon	
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description		
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE				
OF	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	g expense

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

	EXPENDITURE CATE	GORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ns how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4:	John W. Burns		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$ 860,48
5 Date 10/29/21	Home Depot 8995		
7 Amount (\$) \$71.68	8 Payee address; 260 US Hwy 290	Dripping Springs	State; Zip Code  7  7  7  7  7  7  7  7  7  7  7  7  7
9 TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this  Advertising Expense	Z-DOSTI	and zipties for sn signs
	(c) Check if travel outside of Texas. Complete	Schedule T. Check if Au	stin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 10/30/21	Payee name WIX.COM		
Amount (\$) \$175,36	Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this Advertising Exper	schedule) Description  Campa	ign website
	Check if travel outside of Texas. Complete	Schedule T. Check if Au	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS NE	EDED

## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

	EXPENDITURE CATEGORIES FOR BOX 10(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	
1 Total pages Schedule F4:	2 FILER NAME  JOHN Burns  3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 860.42
5 Date 11/25/21	National Pen Co. LLC
7 Amount (\$) 498.92	8 Payee address; City; State; Zip Code P.O. Box 847203 Dallas TX 75284-720
9 TYPE OF EXPENDITURE	Political Non-Political
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense Reflect John Burns  ballpoint pens
	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
Date 12/3/21	Payee name Print Plus
Amount (\$)	Payee address: City: State: Zip Code 222 Hwy 290 West Dripping TX 78620 PO Rox 816  Springs
TYPE OF EXPENDITURE	Political Non-Political
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense For Christmas on Mercer  Event
	Check if travel outside of Texas. Complete Schedule T. 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