

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:

13

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS MR FIRST MI
David J
NICKNAME LAST SUFFIX

Burris

OFFICE USE ONLY

Date Received

RECEIVED

OCT 07 2019

CITY OF MESQUITE
CITY SECRETARY

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

4229 Coryell Way Mesquite, Tx
75150

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(972) 989-7845

6 CAMPAIGN
TREASURER
NAME

MS MRS / MR FIRST MI
Kathleen G
NICKNAME LAST SUFFIX

Kathy Bell

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

808 Bridgewater Ln., Mesquite, Tx 75181

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(972) 978-7141

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 \$500 limit Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year Month Day Year
07/19/19 THROUGH 09/26/2019

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other
Description
11/05/2019 General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

City Council, Place 1

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME David J. Burris 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

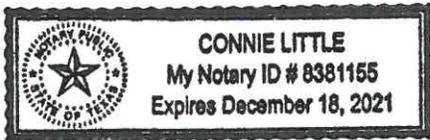
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> 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, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,145.45
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,272.44
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 125.74
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 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.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said David Burris, this the 7th day of October, 2019, to certify which, witness my hand and seal of office.

Connie L. Little
Signature of officer administering oath

Connie L. Little
Printed name of officer administering oath

Admin. Aide
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>David J. Burris</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>1,619.45</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>526.00</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>∅</i>
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ <i>∅</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>1,493.72</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>∅</i>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>∅</i>
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>∅</i>
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>778.72</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>∅</i>
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>∅</i>
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>∅</i>

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **4**

2 FILER NAME

David J. Burris

3 Filer ID (Ethics Commission Filers)

4 Date

08/29/19

5 Full name of contributor out-of-state PAC (ID#: _____)

Jerome (Jerry) Dittman

7 Amount of contribution (\$)

\$100.00

6 Contributor address; City; State; Zip Code

7131 Shannon Rd. Mesquite, Tx 75181

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/10/19

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

Janis Fox

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

4503 Ashwood Dr., Mesquite, Tx 75150

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/10/19

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

Greg Nochese

Amount of contribution (\$)

\$500.00

Contributor address; City; State; Zip Code

709 Glenhaven Dr., Mesquite, Tx 75149

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/10/19

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

Kathleen Bell

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

808 Bridgewater Ln. Mesquite Tx 75181

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **4**

2 FILER NAME

David J. Burris

3 Filer ID (Ethics Commission Filers)

4 Date

09/10/19

5 Full name of contributor out-of-state PAC (ID#: _____)

David Canipe

7 Amount of contribution (\$)

\$100.00

6 Contributor address; City; State; Zip Code

3203 Elmwood Dr. Mesquite Tx 75181

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/10/19

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

Barbara Dunn

Amount of contribution (\$)

\$ 75.00

Contributor address; City; State; Zip Code

PO Box 850505 Mesquite TX 75185

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/10/19

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

Nancee Wolfgang

Amount of contribution (\$)

\$ 20.00

Contributor address; City; State; Zip Code

4507 Ashwood Dr., Mesquite TX 75150

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/10/19

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

David Sprattley

Amount of contribution (\$)

\$ 40.00

Contributor address; City; State; Zip Code

3217 Hastings, Mesquite TX 75149

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **4**

2 FILER NAME

David J. Burris

3 Filer ID (Ethics Commission Filers)

4 Date

09/10/19

5 Full name of contributor out-of-state PAC (ID#: _____)

Tommy Blount

7 Amount of contribution (\$)

\$ 40.00

6 Contributor address; City; State; Zip Code

2518 Meadow Ridge Dr., Mesquite Tx 75150

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/10/19

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

Greg Kramer

Amount of contribution (\$)

\$ 100.00

Contributor address; City; State; Zip Code

429 Via Sevilla, Mesquite Tx 75150

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/11/19

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

Sandra Johnson

Amount of contribution (\$)

\$ 100.00

Contributor address; City; State; Zip Code

248 Country Club Dr., Heath, Tx 75032

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/11/19

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

Barbara Burris

Amount of contribution (\$)

\$ 50.00

Contributor address; City; State; Zip Code

320 Teal Dr., Chatham, IL 62629

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME David J. Burris		3 Filer ID (Ethics Commission Filers)
4 Date 09/12/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodrigo Schefer	7 Amount of contribution (\$) \$54.45
6 Contributor address; City; State; Zip Code 1610 Hardeman St., Mesquite, TX 75150		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/23/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary Baker	Amount of contribution (\$) \$240.00
Contributor address; City; State; Zip Code 1721 Roundrock Trl, Mesquite, TX 75149		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> 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 David J. Burris		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0	
5 Date 09/10/19	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Nochese	8 Amount of Contribution \$ \$526.00	9 In-kind contribution description Food/Beverage expense at kick-off event
7 Contributor address; City; State; Zip Code 709 Glenhaven Dr., Mesquite, TX 75149		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
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 <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> 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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME David J. Burriss	3 Filer ID (Ethics Commission Filers)
4 Date 09/13/19	5 Payee name Print Place	
6 Amount (\$) \$146.59	7 Payee address; City; State; Zip Code 1130 Ave N. East Arlington, Tx 76011	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	
	(b) Description Flyers, Door Hangers	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 09/23/19	Payee name Mesquite Chamber of Commerce	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 617 N. Ebrite St. Mesquite TX 75149	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	
	Description Table @ Mesquite Taste and Trade	
	<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		
Date 09/24/19	Payee name Office Depot	
Amount (\$) \$87.30	Payee address; City; State; Zip Code 3795 W. Emporium Cir Mesquite Tx 75150	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	
	Description Copy paper for materials presented at Taste and Trade	
	<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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <p style="text-align:center">3</p>	2 FILER NAME <p style="text-align:center">David J. Burris</p>	3 Filer ID (Ethics Commission Filers)
4 Date <p style="text-align:center">09/20/19</p>	5 Payee name <p style="text-align:center">David Burris</p>	
6 Amount (\$) <p style="text-align:center">\$22.70</p>	7 Payee address; City; State; Zip Code <p style="text-align:center">4229 Coryell Way, Mesquite Tx 75150</p>	
8 <p style="text-align:center">PURPOSE OF EXPENDITURE</p>	(a) Category (See Categories listed at the top of this schedule) <p style="text-align:center">Other</p>	
	(b) Description <p style="text-align:center">Reimbursement for personal expense Office Depot - business cards, paper</p>	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <p style="text-align:center">09/20/19</p>	Payee name <p style="text-align:center">David Burris</p>		
Amount (\$) <p style="text-align:center">\$ 250.00</p>	Payee address; City; State; Zip Code <p style="text-align:center">4229 Coryell Way Mesquite Tx 75150</p>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <p style="text-align:center">Other</p>		Description <p style="text-align:center">Reimbursement for personal expense Media Consultant</p>
	<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
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Date <p style="text-align:center">09/20/19</p>	Payee name <p style="text-align:center">David Burris</p>		
Amount (\$) <p style="text-align:center">\$487.13</p>	Payee address; City; State; Zip Code <p style="text-align:center">4229 Coryell Way Mesquite Tx 75150</p>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <p style="text-align:center">Other</p>		Description <p style="text-align:center">Reimbursement for personal expense Political yard signs</p>
	<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
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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: <i>3</i>	2 FILER NAME <i>David J. Burris</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>09/23/19</i>	5 Payee name <i>Pegasus Media Dallas / Kent Miller</i>	
6 Amount (\$) <i>\$250.00</i>	7 Payee address; City; State; Zip Code <i>2813 Cantura Dr., Mesquite TX 75181</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>support for media pages, media consultant</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 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		
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 <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		
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 <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 PERSONAL FUNDS**

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2		2 FILER NAME David J Burris		3 Filer ID (Ethics Commission Filers)	
4 Date 07/03/19		5 Payee name Office Depot			
6 Amount (\$) \$22.70		7 Payee address; City; State; Zip Code 3795 W. Emporium Cir Mesquite Tx 75150			
<input checked="" type="checkbox"/> Reimbursement from political contributions intended					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Business cards, copy paper for campaign use		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

Date 08/08/19		Payee name Pegasus Media Dallas / Kent Miller			
Amount (\$) \$250.00		Payee address; City; State; Zip Code 2813 Cantura Dr., Mesquite, Tx 75181			
<input checked="" type="checkbox"/> Reimbursement from political contributions intended					
9 PURPOSE OF EXPENDITURE	Candidate / Officeholder name		Office sought		
	Complete ONLY if direct expenditure to benefit C/OH		Office held		

Date 09/03/19		Payee name Burroughs Sign			
Amount (\$) \$487.13		Payee address; City; State; Zip Code 830 Dalworth Mesquite Tx 75149			
<input checked="" type="checkbox"/> Reimbursement from political contributions intended					
9 PURPOSE OF EXPENDITURE	Candidate / Officeholder name		Office sought		
	Complete ONLY if direct expenditure to benefit C/OH		Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <p style="text-align:center">2</p>	2 FILER NAME <p style="text-align:center">David J. Burris</p>	3 Filer ID (Ethics Commission Filers)
4 Date <p style="text-align:center">09/12/19</p>	5 Payee name <p style="text-align:center">Checks Unlimited</p>	
6 Amount (\$) <p style="text-align:center">618.89</p> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <p style="text-align:center">PO Box 19000 Colorado Springs CO 80935</p>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <p style="text-align:center">Accounting/ Banking</p>	(b) Description <p style="text-align:center">cost of checks for bank account used for campaign funds/expenses</p>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 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	
<input type="checkbox"/> Reimbursement from political contributions intended		
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 <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	
<input type="checkbox"/> Reimbursement from political contributions intended		
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 <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