CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

				T			
The C/OH Instruction (Guide explains how	v to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER	MS / MRS (MR)	David	MI	OFFICE USE ONLY			
NAME	NICKNAME	LAST	SUFFIX	Date Received			
		Burris	parentaria. Održiva karalia i karalia i prajesti pri karalia i prajesti prajesti i prajesti prajesti prajesti prajesti pra	RECEIVED			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE JUL 18 2022						
Change of Address	4229 Coryell Way, Mesquite, Tx 75150 CITY OF MESQUITE CITY SECRETARY						
5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked			
OFFICEHOLDER PHONE	(972)	989 - 7845	-				
6 CAMPAIGN TREASURER	MS MRS / MR	Karhleen	A.				
NAME	NICKNAME	LAST	SUFFIX	Date Processed			
	Karlan	Bell	SUFFIX	Date Imaged			
7 CAMPAIGN TREASURER	STREET ADDRESS	(NO PO BOX PLEASE); APT / SL	JITE #; CITY;	STATE; ZIP CODE			
ADDRESS							
(Residence or Business)	2914 Po	tomac Ave.	Meshuite	1x 75149			
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSION	•			
PHONE	(972)	918-7141					
9 REPORT TYPE	January 15	30th day before el	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)			
	July 15	8th day before elec	etion Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)			
10 PERIOD	Month	Day Year	Month	Day Year			
COVERED	0//	101/2022	THROUGH 06	130 /2022			
11 ELECTION	ELECTION DA	ATE	ELECTION TYPE				
	Month Day	Year Primary	Runoff Other Description				
	12/00	General General	Special				
	12.107	2021					
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known	1)			
14 NOTICE FROM POLITICAL	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(S)	COMMITTEE TYPE COMMITTEE NAME						
Additional Pages	GENERAL COMMITTEE ADDRESS						
	SPECIFIC	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS				
		GO TO I	PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	David J Burris 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)	\$ Ø			
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 50.00			
EXPENDITURE TOTALS	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 8			
*** **** **** ***** *****	4. TOTAL POLITICAL EXPENDITURES	\$ 8			
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA OF REPORTING PERIOD	\$ 72.04			
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD				
SONJA L. LAND Signature of Candidate or Officeholder SONJA L. LAND Notary Public-State of Texas Notary ID #191385-2 Commission Exp. OCT. 19, 2025					
NOTARY STAMP/SEAL	Λ.				
Sworn to and subscribed 20 , to certify a	which, witness my hand and seal of office.	day of, Title of officer administering oath			
	OR OR				
(2) Unsworn Declaratio	n				
	. and my date of birth is				
My address is					
Executed in	(street) (city) (state) County, State of , on the day of (month)	(zip code) (country), 20 (year)			
	Signature of Candidate/Off	icenoider (Declarant)			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Con				
	- 10111111	David J Byrris			
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT		
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	50.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			Ø
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	Ø
4.		SCHEDULE E: LOANS		\$	Ø
5.		SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS	\$	Ø
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	Ø
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	ONTRIBUTIONS	\$	Ø
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	Ø
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUND	os	\$	Ø
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A B	BUSINESS OF C/OH	\$	Ø
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS	\$	Ø
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	ONS RETURNED	\$	Ø

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1:		
2 FILER NAME	David J	Burr	IS	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor	out-of-state PA		7 Amount of contribution (\$)		
01/10/2022	6 Contributor address;	City;	State; Zip Code	\$50.00		
	2914 Potomac Ave	Mesqui	te Tx 75149			
8 Principal occupation / Job title (See Instructions) / 9 Employer (See Instructions)						
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)		
	Contributor address;	City;	State; Zip Code			
Principal occup	ation / Job title (See Instructions)	w	Employer (See Instruct	tions)		
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
	Contributor address;	City;	State; Zip Code			
Principal occup	ation / Job title (See Instructions)	,	Employer (See Instruct	ions)		
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)		
	Contributor address;	City;	State; Zip Code			
Principal occup	ation / Job title (See Instructions)		Employer (See Instructi	ions)		
				18.		
				5		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.						