

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 24/32 Report: 26/46

2 FILER NAME Burns, Joel (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00999999

4 Date 11/21/2007
5 Full name of contributor out-of-state PAC (ID# _____)
Reed, Gaye

6 Contributor address; City; State; Zip Code
2341 Harrison
Fort Worth, TX 76110

7 Amount of contribution (\$) \$100.00
8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date 11/17/2007
Full name of contributor out-of-state PAC (ID# _____)
Richey, Thomas

Contributor address; City; State; Zip Code
2304 Edwin
Fort Worth, TX 76110

Amount of contribution (\$) \$100.00
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 12/01/2007
Full name of contributor out-of-state PAC (ID# _____)
Rios, Yolanda

Contributor address; City; State; Zip Code

Amount of contribution (\$) \$375.00
In-kind contribution description (if applicable)
Lunch for volunteers

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 11/28/2007
Full name of contributor out-of-state PAC (ID# _____)
Roach, John

Contributor address; City; State; Zip Code
2805 Alton
Fort Worth, TX 76109

Amount of contribution (\$) \$500.00
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 10/28/2007
Full name of contributor out-of-state PAC (ID# _____)
Russell, Richard

Contributor address; City; State; Zip Code
1331 Cordell
Los Angeles, CA 90069

Amount of contribution (\$) \$100.00
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 25/32 Report: 27/46	
2 FILER NAME Burns, Joel (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00999999	
4 Date 11/30/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sampley, David 6 Contributor address; City; State; Zip Code 1328 Lake Street Fort Worth, TX 76104	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/14/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sawyer, Jerry and Judy Contributor address; City; State; Zip Code 500 Throckmorton Fort Worth, TX 76102	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/28/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schlansker, Jane Contributor address; City; State; Zip Code 1614 Sunset Terrace Fort Worth, TX 76102	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/21/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Segal, Andrew Contributor address; City; State; Zip Code 4200 S. Freeway Fort Worth, TX 76115	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/24/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Self, Tracy Contributor address; City; State; Zip Code 2945 Lubbock Fort Worth, TX 76109	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 26/32 Report: 28/46	
2 FILER NAME Burns, Joel (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00999999	
4 Date 11/28/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Kelly (Ms.) 6 Contributor address; City; State; Zip Code 3431 West 7th Street Fort Worth, TX 76107	7 Amount of contribution (\$) \$400.00	8 In-kind contribution description (if applicable) Lunch for volunteers
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 11/29/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Kelly (Ms.) 6 Contributor address; City; State; Zip Code 3431 West 7th Street Fort Worth, TX 76107	7 Amount of contribution (\$) \$400.00	8 In-kind contribution description (if applicable) Lunch for Volunteers
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 11/20/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Tracy 6 Contributor address; City; State; Zip Code 2300 Magnolia Avenue Fort Worth, TX 76110	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 11/05/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Solender, Jeff 6 Contributor address; City; State; Zip Code 9131 Devonshire Dallas, TX 75209	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 11/01/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stanford, Carol 6 Contributor address; City; State; Zip Code 2043 Ward Parkway Fort Worth, TX 76110	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 27/32 Report: 29/46	
2 FILER NAME Burns, Joel (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00999999	
4 Date 10/31/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Steele, Dorothy 6 Contributor address; City; State; Zip Code PO Box 2 Grapevine, TX 75844	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable) <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/24/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Steele, Dorothy Contributor address; City; State; Zip Code PO Box 2 Grapevine, TX 75844	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/29/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stryker, Jon Contributor address; City; State; Zip Code PO Box 51536 Kalamazoo, MI 49005	Amount of contribution (\$) \$6,000.00	In-kind contribution description (if applicable) <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) Self	
Date 11/27/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Swanson, Danny Contributor address; City; State; Zip Code 2520 S Adams Fort Worth, TX 76110	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/16/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Taccia, Mariann Contributor address; City; State; Zip Code 1315 Elizabeth Fort Worth, TX 76110	Amount of contribution (\$) \$512.00	In-kind contribution description (if applicable) <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME Burns, Joel (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00999999	
4 Date 11/26/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Toal, James 6 Contributor address; City; State; Zip Code 341 Nursery Ln Fort Worth, TX 76114	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/17/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tracy, J. David Contributor address; City; State; Zip Code 2734 Colonial Parkway Fort Worth, TX 76109	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/16/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tumlin, Barbara Contributor address; City; State; Zip Code 2614 5th Avenue Fort Worth, TX 76110	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/03/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tyson, Gerald Contributor address; City; State; Zip Code 1351 Mistletoe Fort Worth, TX 76110	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) None	
Date 11/18/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vaughn, Donald Contributor address; City; State; Zip Code 2 Mellen Boston, MA 02124	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 30/32 Report: 32/46	
2 FILER NAME Burns, Joel (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00999999	
4 Date 12/01/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Veasey, Tonya (Hon.) 6 Contributor address; City; State; Zip Code 2033 Castleview Drive Fort Worth, TX 76120	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable) Invitations (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/27/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vendigm Contributor address; City; State; Zip Code 5725 Lancaster Fort Worth, TX 76112	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/07/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Waelti, Melissa Contributor address; City; State; Zip Code PO Box 11 Fort Worth, TX 76101	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/27/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Walker, Christian Contributor address; City; State; Zip Code 2502 Live Oak Dallas, TX 75204	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/27/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Waller, Joseph Contributor address; City; State; Zip Code PO Box 136547 Fort Worth, TX 76136	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 31/32 Report: 33/46	
2 FILER NAME Burns, Joel (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00999999	
4 Date 11/13/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Watterson, Ralph 6 Contributor address; City; State; Zip Code 1801 College Avenue Fort Worth, TX 76110	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/15/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) West, Bob Contributor address; City; State; Zip Code 301 Commerce Fort Worth, TX 76102	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/29/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) White, Walden Contributor address; City; State; Zip Code 3821 Trail Lake Fort Worth, TX 76109	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/26/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wilson, Larry Contributor address; City; State; Zip Code 2305 Colonial Pkwy Fort Worth, TX 76109	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/29/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Winchell, John Contributor address; City; State; Zip Code 2131 N. Collins Arlington, TX 76011	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/12 Report: 35/46
2 FILER NAME Burns, Joel (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00999999
4 Date 10/31/2007	5 Payee name 3H Hardware 6 Payee address; City; State; Zip Code 2217 8th Ave Fort Worth, TX 76104	7 Amount (\$) \$94.96
8 Purpose of payment (See instructions regarding type of information required.) hardware (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/28/2007	Payee name AT&T Payee address; City; State; Zip Code 308 S. Akard Street Dallas, TX 75202	Amount (\$) \$305.75
Purpose of payment (See instructions regarding type of information required.) Phones (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/06/2007	Payee name Benitos Payee address; City; State; Zip Code Magnolia Street Fort Worth, TX 76104	Amount (\$) \$1,000.00
Purpose of payment (See instructions regarding type of information required.) Watch Party (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/12/2007	Payee name CDW Graphics Payee address; City; State; Zip Code 1201 W. Park Row Drive Arlington, TX 76013	Amount (\$) \$486.58
Purpose of payment (See instructions regarding type of information required.) printing (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 2/12 Report: 36/46

2 FILER NAME Burns, Joel (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00999999

4 Date	5 Payee name CDW Graphics	7 Amount (\$)
11/18/2007	6 Payee address; City; State; Zip Code 1201 W. Park Row Drive Arlington, TX 76013	\$700.58

8 Purpose of payment (See instructions regarding type of information required.) printing (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Chadderdon Group	Amount (\$)
10/31/2007	Payee address; City; State; Zip Code 3311 S Wakefield St Apt B Arlington, VA 22206	\$5,851.25

Purpose of payment (See instructions regarding type of information required.) printing and postage (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Civic Strategie LLC	Amount (\$)
10/29/2007	Payee address; City; State; Zip Code 1201 W. Park Row Arlington, TX 76013	\$1,000.00

Purpose of payment (See instructions regarding type of information required.) consulting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Civic Strategie LLC	Amount (\$)
11/12/2007	Payee address; City; State; Zip Code 1201 W. Park Row Arlington, TX 76013	\$2,000.00

Purpose of payment (See instructions regarding type of information required.) consulting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/12 Report: 37/46
2 FILER NAME Burns, Joel (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00999999
4 Date 11/28/2007	5 Payee name Civic Strategies LLC 6 Payee address; City; State; Zip Code 1201 W. Park Row Arlington, TX 76013	7 Amount (\$) \$13,219.26
8 Purpose of payment (See instructions regarding type of information required.) Voter Contact (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/31/2007	Payee name Compass Bank Payee address; City; State; Zip Code 300 W. 7th Fort Worth, TX 76102	Amount (\$) \$20.00
Purpose of payment (See instructions regarding type of information required.) bank fee (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/05/2007	Payee name Compass Bank Payee address; City; State; Zip Code 300 W. 7th Fort Worth, TX 76102	Amount (\$) \$278.70
Purpose of payment (See instructions regarding type of information required.) bank fee (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/19/2007	Payee name Compass Bank Payee address; City; State; Zip Code 300 W. 7th Fort Worth, TX 76102	Amount (\$) \$5.00
Purpose of payment (See instructions regarding type of information required.) bank fee (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/12 Report: 38/46
2 FILER NAME Burns, Joel (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00999999
4 Date 11/28/2007	5 Payee name Compass Bank 6 Payee address; City; State; Zip Code 300 W. 7th Fort Worth, TX 76102	7 Amount (\$) \$20.00
8 Purpose of payment (See instructions regarding type of information required.) bank fee (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 12/05/2007	Payee name Compass Bank Payee address; City; State; Zip Code 300 W. 7th Fort Worth, TX 76102	Amount (\$) \$5.00
Purpose of payment (See instructions regarding type of information required.) bank fee (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 12/05/2007	Payee name Compass Bank Payee address; City; State; Zip Code 300 W. 7th Fort Worth, TX 76102	Amount (\$) \$25.31
Purpose of payment (See instructions regarding type of information required.) bank fee (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 12/05/2007	Payee name Compass Bank Payee address; City; State; Zip Code 300 W. 7th Fort Worth, TX 76102	Amount (\$) \$90.73
Purpose of payment (See instructions regarding type of information required.) bank fee (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/12 Report: 39/46
2 FILER NAME Burns, Joel (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00999999
4 Date 10/30/2007	5 Payee name Constant Contact 6 Payee address; City; State; Zip Code 1601 Trapelo Road Suite 329 Waltham, MA 02451	7 Amount (\$) \$31.86
8 Purpose of payment (See instructions regarding type of information required.) email services (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/30/2007	Payee name Constant Contact Payee address; City; State; Zip Code 1601 Trapelo Road Suite 329 Waltham, MA 02451	Amount (\$) \$31.88
Purpose of payment (See instructions regarding type of information required.) email services (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/29/2007	Payee name Costco Payee address; City; State; Zip Code 5300 Overton Ridge Fort Worth, TX 76132	Amount (\$) \$207.71
Purpose of payment (See instructions regarding type of information required.) Volunteer lunches (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/04/2007	Payee name Costco Payee address; City; State; Zip Code 5300 Overton Ridge Fort Worth, TX 76132	Amount (\$) \$190.12
Purpose of payment (See instructions regarding type of information required.) Volunteer lunches (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 6/12 Report: 40/46

2 FILER NAME Burns, Joel (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00999999

4 Date 10/29/2007	5 Payee name Flynn, Olivia 6 Payee address; City; State; Zip Code Fort Worth, TX	7 Amount (\$) \$100.00
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8 Purpose of payment (See instructions regarding type of information required.) Publicity (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date 10/28/2007	Payee name Gabliando, Ana Payee address; City; State; Zip Code 2420 S Adams Fort Worth, TX 76110	Amount (\$) \$792.34
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Purpose of payment (See instructions regarding type of information required.) Auto expenses (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date 11/29/2007	Payee name Garcia-Hassell, Noah Payee address; City; State; Zip Code 1959 Alston Fort Worth, TX 76110	Amount (\$) \$450.00
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Purpose of payment (See instructions regarding type of information required.) Field Expenses (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date 12/01/2007	Payee name Garcia-Hassell, Noah Payee address; City; State; Zip Code 1959 Alston Fort Worth, TX 76110	Amount (\$) \$550.00
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Purpose of payment (See instructions regarding type of information required.) contract (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/12 Report: 41/46
2 FILER NAME Burns, Joel (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00999999
4 Date 10/30/2007	5 Payee name Jim's Lock 6 Payee address; City; State; Zip Code Fort Worth, TX 76104	7 Amount (\$) \$60.84
8 Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/06/2007	Payee name Mark Thomas Real Estate Payee address; City; State; Zip Code 513 Main Street Suite 201 Fort Worth, TX 76102	Amount (\$) \$1,000.00
Purpose of payment (See instructions regarding type of information required.) rent (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 12/01/2007	Payee name Open Channels Group Payee address; City; State; Zip Code PO Box 12431 Fort Worth, TX 76110	Amount (\$) \$1,536.21
Purpose of payment (See instructions regarding type of information required.) Event (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/05/2007	Payee name Rey Bethea Florist Payee address; City; State; Zip Code Fort Worth, TX	Amount (\$) \$90.94
Purpose of payment (See instructions regarding type of information required.) Voolunteer appreciation (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/12 Report: 42/46
2 FILER NAME Burns, Joel (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00999999
4 Date 10/30/2007	5 Payee name Staples 6 Payee address; City; State; Zip Code 1660 S. University Drive Fort Worth, TX 76107	7 Amount (\$) \$61.45
8 Purpose of payment (See instructions regarding type of information required.) office supplies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/30/2007	Payee name Staples Payee address; City; State; Zip Code 1660 S. University Drive Fort Worth, TX 76107	Amount (\$) \$129.40
Purpose of payment (See instructions regarding type of information required.) office supplies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/01/2007	Payee name Staples Payee address; City; State; Zip Code 1660 S. University Drive Fort Worth, TX 76107	Amount (\$) \$21.64
Purpose of payment (See instructions regarding type of information required.) office supplies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/04/2007	Payee name Staples Payee address; City; State; Zip Code 1660 S. University Drive Fort Worth, TX 76107	Amount (\$) \$7.27
Purpose of payment (See instructions regarding type of information required.) office supplies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/12 Report: 43/46
2 FILER NAME Burns, Joel (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00999999
4 Date 11/05/2007	5 Payee name Staples 6 Payee address; City; State; Zip Code 1660 S. University Drive Fort Worth, TX 76107	7 Amount (\$) \$5.15
8 Purpose of payment (See instructions regarding type of information required.) office supplies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/07/2007	Payee name Staples Payee address; City; State; Zip Code 1660 S. University Drive Fort Worth, TX 76107	Amount (\$) \$56.76
Purpose of payment (See instructions regarding type of information required.) office supplies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/15/2007	Payee name Staples Payee address; City; State; Zip Code 1660 S. University Drive Fort Worth, TX 76107	Amount (\$) \$130.19
Purpose of payment (See instructions regarding type of information required.) office supplies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/20/2007	Payee name Staples Payee address; City; State; Zip Code 1660 S. University Drive Fort Worth, TX 76107	Amount (\$) \$52.58
Purpose of payment (See instructions regarding type of information required.) office supplies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 10/12 Report: 44/46

2 FILER NAME Burns, Joel (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00999999

4 Date	5 Payee name Staples	7 Amount (\$)
11/26/2007	6 Payee address; City; State; Zip Code 1660 S. University Drive Fort Worth, TX 76107	\$24.44

8 Purpose of payment (See instructions regarding type of information required.) office supplies	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	

Date	Payee name The Tyson Organization	Amount (\$)
11/05/2007	Payee address; City; State; Zip Code 1000 Macon Street Fort Worth, TX 76102	\$1,096.14

Purpose of payment (See instructions regarding type of information required.) voter contact	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	

Date	Payee name US Postal Service	Amount (\$)
10/29/2007	Payee address; City; State; Zip Code 8th Avenue Station Fort Worth, TX 76110	\$82.00

Purpose of payment (See instructions regarding type of information required.) postage	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	

Date	Payee name US Postal Service	Amount (\$)
10/30/2007	Payee address; City; State; Zip Code 8th Avenue Station Fort Worth, TX 76110	\$123.00

Purpose of payment (See instructions regarding type of information required.) postage	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 11/12 Report: 45/46

2 FILER NAME Burns, Joel (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00999999

4 Date	5 Payee name US Postal Service	7 Amount (\$)
11/13/2007	6 Payee address; City; State; Zip Code 8th Avenue Station Fort Worth, TX 76110	\$174.76

8 Purpose of payment (See instructions regarding type of information required.) postage (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name US Postal Service	Amount (\$)
11/15/2007	Payee address; City; State; Zip Code 8th Avenue Station Fort Worth, TX 76110	\$41.00

Purpose of payment (See instructions regarding type of information required.) postage (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name US Postal Service	Amount (\$)
11/19/2007	Payee address; City; State; Zip Code 8th Avenue Station Fort Worth, TX 76110	\$41.00

Purpose of payment (See instructions regarding type of information required.) postage (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name US Postal Service	Amount (\$)
11/20/2007	Payee address; City; State; Zip Code 8th Avenue Station Fort Worth, TX 76110	\$492.00

Purpose of payment (See instructions regarding type of information required.) postage (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 12/12 Report: 46/46

2 FILER NAME Burns, Joel (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00999999

4 Date 11/21/2007	5 Payee name US Postal Service 6 Payee address; City; State; Zip Code 8th Avenue Station Fort Worth, TX 76110	7 Amount (\$) \$123.00
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8 Purpose of payment (See instructions regarding type of information required.) postage (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date 11/30/2007	Payee name US Postal Service Payee address; City; State; Zip Code 8th Avenue Station Fort Worth, TX 76110	Amount (\$) \$216.00
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Purpose of payment (See instructions regarding type of information required.) postage (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date 10/31/2007	Payee name XPedX Payee address; City; State; Zip Code 2017 White Settlement Road Fort Worth, TX 76107	Amount (\$) \$64.72
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Purpose of payment (See instructions regarding type of information required.) office supplies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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