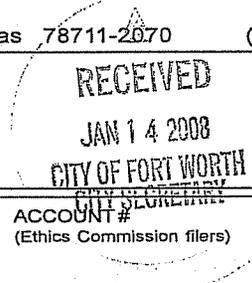


**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 1**



The C/OH Instruction Guide explains how to complete this form. **1 ACCOUNT #** (Ethics Commission filers) **2 Total pages filed:** 22

**3 CANDIDATE / OFFICEHOLDER NAME**  
 MS / MRS / MR FIRST MI  
 NICKNAME LAST SUFFIX  
 Hugh Carter  
 Burdette

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**  
 ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
 4717 Lafayette Avenue  
 Fort Worth, Texas 76107  
 Change of Address

**5 CANDIDATE / OFFICEHOLDER PHONE**  
 AREA CODE PHONE NUMBER EXTENSION  
 ( 817) 737-5767

**6 CAMPAIGN TREASURER NAME**  
 MS / MRS / MR FIRST MI  
 NICKNAME LAST SUFFIX  
 Hugh Carter  
 Burdette

**7 CAMPAIGN TREASURER ADDRESS**  
 (Residence or business)  
 STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
 4717 Lafayette Avenue  
 Fort Worth, Texas 76107

**8 CAMPAIGN TREASURER PHONE**  
 AREA CODE PHONE NUMBER EXTENSION  
 ( 817) 737-5767

**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 THROUGH Month Day Year  
 07 / 01 / 07 THROUGH 12 / 31 / 07

**11 ELECTION**  
 ELECTION DATE: Month / Day / Year  
 ELECTION TYPE:  Primary  Runoff  General  Special

**12 OFFICE** OFFICE HELD (if any): City Council Member  
**13 OFFICE SOUGHT** (if known)

**14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS**  
 .. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..  
 Name  
 Address / PO Box; Apt. / Suite #; City; State; Zip Code  
 additional pages

**OFFICE USE ONLY**

Date Received

**OFFICIAL RECORD  
CITY SECRETARY  
FT. WORTH, TEX**

Date Hand-delivered or Date Postmarked

Receipt #	Amount
Date Processed	
Date Imaged	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME  
**H. Carter Burdette**

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

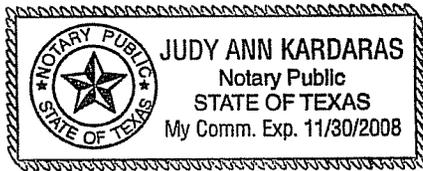
additional pages

**\*\* This box is for notice of political expenditures 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

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ N/A
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ N/A
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,483.87
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 17,950.04
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ N/A

19 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.

*H. Carter Burdette*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said H. Carter Burdette, this the 14<sup>th</sup> day of January, 20 08, to certify which, witness my hand and seal of office.

*Judy Ann Kardaras*      **Judy Ann Kardaras, Notary Public, Texas**  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <p style="text-align: right;">1</p>	
2 FILER NAME <p style="text-align: center;">H. Carter Burdette</p>		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">N/A</p>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

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

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.	<b>1</b> Total pages this Schedule B: <div style="text-align: center; font-size: 1.2em;">1</div>
---	---

<b>2</b> FILER NAME <div style="text-align: center; font-size: 1.1em;">H. Carter Burdette</div>	<b>3</b> ACCOUNT # (Ethics Commission filers)
--	---

<b>4</b> TOTAL OF UNITEMIZED PLEDGES:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨	\$
--	----

<b>5</b> Date	<b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center; font-size: 1.2em;">N/A</div>	<b>8</b> Amount of pledge (\$) 	<b>9</b> In-kind description (if applicable)
<b>7</b> Pledgor address;                      City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

<b>10</b> Principal occupation / Job title (See Instructions)	<b>11</b> Employer (See Instructions)
---	---------------------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Pledgor address;                      City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Pledgor address;                      City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Pledgor address;                      City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Pledgor address;                      City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

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

<b>LOANS</b>		<b>SCHEDULE E</b>	
The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule E: <p style="text-align: center; margin: 0;">1</p>	
<b>2</b> FILER NAME <p style="text-align: center; margin: 0;">H. Carter Burdette</p>		<b>3</b> ACCOUNT # (Ethics Commission filers)	
<b>4</b> TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒		\$	
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center; margin: 0;">N/A</p>	<b>9</b> Loan Amount (\$)	
<b>6</b> Is lender a financial Institution? <p style="text-align: center; margin: 0;">Y        N</p>	<b>8</b> Lender address;    City;    State;    Zip Code	<b>10</b> Interest rate	
		<b>11</b> Maturity date	
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)	
<b>14</b> Description of Collateral <input type="checkbox"/> none			
<b>15</b> GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	<b>16</b> Name of guarantor  ..... <b>17</b> Guarantor address;    City;    State;    Zip Code		<b>18</b> Amount Guaranteed (\$)
<b>19</b> Principal Occupation		<b>20</b> Employer	
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)	
Is lender a financial Institution? <p style="text-align: center; margin: 0;">Y        N</p>	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			
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor  ..... Guarantor address;    City;    State;    Zip Code		Amount Guaranteed (\$)
Principal Occupation		Employer	
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b> If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.			

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule F: <p style="text-align: right;">11</p>
<b>2</b> FILER NAME H. Carter Burdette		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date 6/12/07*	<b>5</b> Payee name Streams & Valleys, Inc. ..... <b>6</b> Payee address; City; State; Zip Code P.O. Box 101373 Fort Worth, Texas 76185	<b>7</b> Amount (\$)  <p style="text-align: right;">\$1,000.00</p>
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Bridge donation (If travel outside of Texas, complete Schedule T)		<b>9</b> .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 7/3/07	Payee name Como Trailblazers ..... Payee address; City; State; Zip Code Fort Worth, Texas	Amount (\$)  <p style="text-align: right;">\$ 100.00</p>
Purpose of payment (See instructions regarding type of information required.) Donation (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 7/3/07	Payee name Sams Club ..... Payee address; City; State; Zip Code Fort Worth, Texas	Amount (\$)  <p style="text-align: right;">\$ 83.74</p>
Purpose of payment (See instructions regarding type of information required.) Como July 4th Parade Candy (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 7/9/07	Payee name The Fort Worth Club ..... Payee address; City; State; Zip Code 307 W. 7th Street Fort Worth, Texas 76102	Amount (\$)  <p style="text-align: right;">87.25</p>
Purpose of payment (See instructions regarding type of information required.) Dues (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

\*Inadvertantly omitted from last report.



**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule F:
<b>2</b> FILER NAME H. Carter Burdette		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date 8/1/07	<b>5</b> Payee name Day Resource Center for the Homeless ..... <b>6</b> Payee address; City; State; Zip Code  Fort Worth, Texas	<b>7</b> Amount (\$)  \$100.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Donation  (If travel outside of Texas, complete Schedule T)		<b>9</b> .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name                      Office sought                      Office held
Date 8/4/07	Payee name The Fort Worth Club ..... Payee address; City; State; Zip Code  307 W. 7th Street Fort Worth, Texas 76102	Amount (\$)  \$200.91
Purpose of payment (See instructions regarding type of information required.) Dues  (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name                      Office sought                      Office held
Date 8/24/07	Payee name AT&T Mobility ..... Payee address; City; State; Zip Code  P.O. Box 650553 Dallas, Texas 75265	Amount (\$)  \$ 47.67
Purpose of payment (See instructions regarding type of information required.) Cell phone service  (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name                      Office sought                      Office held
Date 9/5/07	Payee name N.W. Tarrant County Times Record ..... Payee address; City; State; Zip Code  3900 Merrett Drive Fort Worth, Texas 76135	Amount (\$)  \$ 20.00
Purpose of payment (See instructions regarding type of information required.) Subscription Renewal  (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name                      Office sought                      Office held

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

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule F:
<b>2</b> FILER NAME H. Carter Burdette		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date 9/5/07	<b>5</b> Payee name Tarrant County Challenge, Inc.  <b>6</b> Payee address; City; State; Zip Code 226 Bailey Avenue Fort Worth, Texas 76107	<b>7</b> Amount (\$)  \$ 50.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Donation  (If travel outside of Texas, complete Schedule T)		<b>9</b> <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date 9/14/07	Payee name Redeemer Bible Church  Payee address; City; State; Zip Code 100 Verna Trail North Fort Worth, Texas 76107	Amount (\$)  \$500.00
Purpose of payment (See instructions regarding type of information required.) Lisa Ramsey Fund Contribution  (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date 9/14/07	Payee name The Fort Worth Club  Payee address; City; State; Zip Code 307 W. 7th Street Fort Worth, Texas 76102	Amount (\$)  \$201.70
Purpose of payment (See instructions regarding type of information required.) Dues  (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date 9/14/07	Payee name Vicki Truitt Campaign  Payee address; City; State; Zip Code P.O. Box 886 Keller, Texas 76244	Amount (\$)  \$ 50.00
Purpose of payment (See instructions regarding type of information required.) Political contribution  (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held

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

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule F:
<b>2</b> FILER NAME H. Carter Burdette		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date 9/14/07	<b>5</b> Payee name Fort Worth Public Library Foundation  ..... <b>6</b> Payee address; City; State; Zip Code Fort Worth, Texas	<b>7</b> Amount (\$)   \$1,000.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Donation  (If travel outside of Texas, complete Schedule T)		<b>9</b> .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 9/14/07	Payee name Gary Fickes Campaign  ..... Payee address; City; State; Zip Code P.O. Box 93417 South Lake, Texas 76092	Amount (\$)   \$ 50.00
Purpose of payment (See instructions regarding type of information required.) Political contribution  (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 9/14/07	Payee name Bob Leonard Campaign  ..... Payee address; City; State; Zip Code 2800 S. Hulen, Suite 210 Fort Worth, Texas 76109	Amount (\$)   \$ 50.00
Purpose of payment (See instructions regarding type of information required.) Political contribution  (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 9/21/07	Payee name Kay Granger Campaign  ..... Payee address; City; State; Zip Code P.O. Box 17447 Fort Worth, Texas 76102-0447	Amount (\$)   \$ 100.00
Purpose of payment (See instructions regarding type of information required.) Political contribution  (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held

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

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME H. Carter Burdette		3 ACCOUNT # (Ethics Commission filers)
4 Date 9/21/07	5 Payee name Gary Fickes Campaign ..... 6 Payee address; City; State; Zip Code P.O. Box 93419 South Lake, Texas 76092	7 Amount (\$)  \$100.00
8 Purpose of payment (See instructions regarding type of information required.) Political Contribution (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 9/21/07	Payee name DeLeon Campaign ..... Payee address; City; State; Zip Code P.O. Box 470743 Fort Worth, Texas 76147	Amount (\$)  \$ 50.00
Purpose of payment (See instructions regarding type of information required.) Political Contribution (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 9/21/07	Payee name Charlie Geren Campaign ..... Payee address; City; State; Zip Code P.O. Box 1440 Fort Worth, Texas 76101-1440	Amount (\$)  \$100.00
Purpose of payment (See instructions regarding type of information required.) Political Contribution (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 9/21/07	Payee name Vaquero de Fort Worth ..... Payee address; City; State; Zip Code c/o Sal Espino 1000 Throckmorton Street Fort Worth, Texas 76102	Amount (\$)  \$500.00
Purpose of payment (See instructions regarding type of information required.) Monument Donation (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule F:
<b>2</b> FILER NAME H. Carter Burdette		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date 9/30/07	<b>5</b> Payee name AT&T Mobility  <b>6</b> Payee address; City; State; Zip Code P.O. Box 650553 Dallas, Texas 75265	<b>7</b> Amount (\$)  \$ 47.83
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Cell Phone Service  (If travel outside of Texas, complete Schedule T)		<b>9</b> <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date 10/5/07	Payee name The Fort Worth Club  Payee address; City; State; Zip Code 307 W. 7th Street Fort Worth, Texas 76102	Amount (\$)  \$159.13
Purpose of payment (See instructions regarding type of information required.) Dues  (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date 10/5/07	Payee name Historic Fort Worth, Inc.  Payee address; City; State; Zip Code Fort Worth, Texas	Amount (\$)  \$100.00
Purpose of payment (See instructions regarding type of information required.) Donation  (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date 10/25/07	Payee name AT&T Mobility  Payee address; City; State; Zip Code P.O. Box 650553 Dallas, Texas 75265	Amount (\$)  \$ 47.80
Purpose of payment (See instructions regarding type of information required.) Cell Phone Service  (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule F:
<b>2</b> FILER NAME H. Carter Burdette		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date 10/25/07	<b>5</b> Payee name Glen Whitley Campaign  <b>6</b> Payee address; City; State; Zip Code 345 Charleston Place Hurst, Texas 76054	<b>7</b> Amount (\$)  \$100.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Political Contribution  (If travel outside of Texas, complete Schedule T)		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 10/25/07	Payee name Fort Worth Museum of Science and History  Payee address; City; State; Zip Code 1501 Montgomery Street Fort Worth, Texas 76107	Amount (\$)  \$250.00
Purpose of payment (See instructions regarding type of information required.) Building Campaign  (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 11/6/07	Payee name The Fort Worth Club  Payee address; City; State; Zip Code 307 W. 7th Street Fort Worth, Texas 76102	Amount (\$)  \$209.13
Purpose of payment (See instructions regarding type of information required.) Dues  (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 11/6/07	Payee name Longhorn Council, BSA  Payee address; City; State; Zip Code 850 Cannon Drive Hurst, Texas 76054	Amount (\$)  \$200.00
Purpose of payment (See instructions regarding type of information required.) Donation  (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule F:
<b>2</b> FILER NAME H. Carter Burdette		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date 11/6/07	<b>5</b> Payee name United Community Centers, Inc.	<b>7</b> Amount (\$)  \$100.00
<b>6</b> Payee address; City; State; Zip Code 1200 E. Maddox Avenue Fort Worth, Texas 76104		
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Donation <small>(If travel outside of Texas, complete Schedule T)</small>	<b>9</b> <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name      Office sought      Office held	
Date 11/29/07	Payee name AT&T Mobility	Amount (\$)  \$ 47.64
Payee address; City; State; Zip Code P.O. Box 650553 Dallas, Texas 75265		
Purpose of payment (See instructions regarding type of information required.) Cell Phone Service <small>(If travel outside of Texas, complete Schedule T)</small>	<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name      Office sought      Office held	
Date 11/29/07	Payee name Fort Worth Police Officers Award Foundation	Amount (\$)  \$100.00
Payee address; City; State; Zip Code P.O. Box 17659 Fort Worth, Texas 76102		
Purpose of payment (See instructions regarding type of information required.) Donation <small>(If travel outside of Texas, complete Schedule T)</small>	<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name      Office sought      Office held	
Date 11/30/07	Payee name Presbyterian Night Shelter	Amount (\$)  \$350.00
Payee address; City; State; Zip Code 2400 Cypress Fort Worth, Texas 76102		
Purpose of payment (See instructions regarding type of information required.) Donation <small>(If travel outside of Texas, complete Schedule T)</small>	<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name      Office sought      Office held	

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

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule F:
<b>2</b> FILER NAME H. Carter Burdette		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date 12/5/07	<b>5</b> Payee name W.C. Stripling Middle School  ..... <b>6</b> Payee address; City; State; Zip Code Clover Lane Fort Worth, Texas 76107	<b>7</b> Amount (\$)          <b>\$1,500.00</b>
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Donation for new computer  (If travel outside of Texas, complete Schedule T)		<b>9</b> .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 12/6/07	Payee name The Fort Worth Club  ..... Payee address; City; State; Zip Code 307 W. 7th Street Fort Worth, Texas 76102	Amount (\$)          <b>\$ 235.71</b>
Purpose of payment (See instructions regarding type of information required.) Dues  (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 12/6/07	Payee name Cowboy Santa  ..... Payee address; City; State; Zip Code 1000 Throckmorton Street Fort Worth, Texas 76102	Amount (\$)          <b>\$ 50.00</b>
Purpose of payment (See instructions regarding type of information required.) Donation  (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 12/6/07	Payee name Cowboy Santa  ..... Payee address; City; State; Zip Code 1000 Throckmorton Street Fort Worth, Texas 76102	Amount (\$)          <b>\$ 80.00</b>
Purpose of payment (See instructions regarding type of information required.) Donation  (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule F:
<b>2</b> FILER NAME H. Carter Burdette		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date 12/27/07	<b>5</b> Payee name AT&T Mobility ..... <b>6</b> Payee address; City; State; Zip Code P.O. Box 650553 Dallas, Texas 75265	<b>7</b> Amount (\$)  \$47.69
<b>8</b> Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		<b>9</b> .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name      Office sought      Office held
Date	Payee name ..... Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name      Office sought      Office held
Date	Payee name ..... Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name      Office sought      Office held
Date	Payee name ..... Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name      Office sought      Office held

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The Instruction Guide explains how to complete this form.		1 Total pages Schedule G: <div style="text-align: right; font-size: 1.2em;">1</div>
2 FILER NAME H. Carter Burdette		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name N/A	8 Amount (\$)
6 Payee address; City; State; Zip Code		
7 Purpose of expenditure (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name ..... Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		
Date	Payee name ..... Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		
Date	Payee name ..... Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		
Date	Payee name ..... Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		

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# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule H: <div style="text-align: right; font-size: 1.2em;">1</div>
<b>2</b> FILER NAME <div style="text-align: center; font-size: 1.1em;">H. Carter Burdette</div>		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date	<b>5</b> Business name <div style="text-align: center; font-size: 1.1em;">N/A</div>	<b>7</b> Amount (\$)
<b>6</b> Business address; City; State; Zip Code		
<b>8</b> Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held	
Date	Business name  Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date	Business name  Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date	Business name  Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date	Business name  Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.	1 Total pages Schedule I: <div style="text-align: right; margin-right: 20px;">1</div>
2 FILER NAME <div style="margin-top: 5px;">H. Carter Burdette</div>	3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name <div style="margin-top: 5px;">N/A</div>	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name <div style="margin-top: 5px;">.....</div>	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name <div style="margin-top: 5px;">.....</div>	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name <div style="margin-top: 5px;">.....</div>	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name <div style="margin-top: 5px;">.....</div>	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

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**CREDITS (optional)**

**SCHEDULE K**

The Instruction Guide explains how to complete this form.	<b>1</b> Total pages Schedule K: <span style="float:right; font-size: 1.2em;">1</span>
<b>2</b> FILER NAME H. Carter Burdette	<b>3</b> ACCOUNT # (Ethics Commission filers)

<b>4</b> Date	<b>5</b> Payor name N/A	<b>8</b> Amount (\$)
	<b>6</b> Payor address; City; State; Zip Code	
	<b>7</b> Reason for credit	

Date	Payor name ..... Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	

Date	Payor name ..... Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	

Date	Payor name ..... Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	

Date	Payor name ..... Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	

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**IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE  
FOR TRAVEL OUTSIDE OF TEXAS**

**SCHEDULE T**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: <span style="float: right;">1</span>
2 FILER NAME <b>H. Carter Burdette</b>		3 ACCOUNT # (Ethics Commission filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee <b>N/A</b>		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G  
 Schedule H     Schedule N     COH-UC     COH-T     PAC-C     PAC-E

Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G  
 Schedule H     Schedule N     COH-UC     COH-T     PAC-C     PAC-E

Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

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**CANDIDATE / OFFICEHOLDER REPORT:  
DESIGNATION OF FINAL REPORT**

**FORM C/OH - FR**

The Instruction Guide explains how to complete this form.  
 \*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\*

**1 C/OH NAME**

**2 ACCOUNT #** (Ethics Commission filers)

**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder

**4 FILER WHO IS NOT AN OFFICEHOLDER**

\*\* Complete A & B below *only* if you are not an officeholder. \*\*

**A. CAMPAIGN FUNDS**

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate

**5 OFFICEHOLDER**

\*\* Complete this section *only* if you are an officeholder \*\*

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder