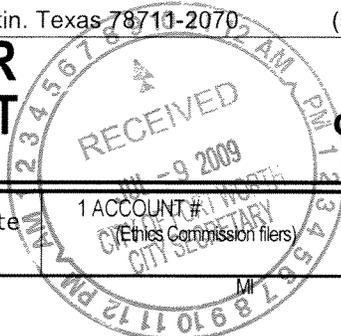


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: 27

**OFFICE USE ONLY**

**OFFICIAL RECORD  
CITY SECRETARY  
FORT WORTH, TEX**

3 CANDIDATE / OFFICEHOLDER NAME  
 MS / MRS / MR FIRST MI  
 Hugh C. Burdette

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

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

6 CAMPAIGN TREASURER NAME  
 MS / MRS / MR FIRST MI  
 H. Carter Burdette  
 NICKNAME LAST SUFFIX

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

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 Month Day Year  
 04/30/09 THROUGH 06/30/09

11 ELECTION  
 ELECTION DATE ELECTION TYPE  
 Month Day Year Primary Runoff General Special

12 OFFICE OFFICE HELD (of any)  
 City Council, District 7

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

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME **Carter Burdette** 16 ACCOUNT # (Ethics Commission Filers)

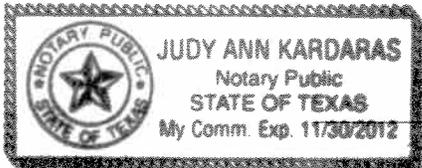
17 NOTICE FROM POLITICAL COMMITTEE(S)  
 — This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. -•

COMMITTEE TYPE  M E GENERAL  E II SPECIFIC  E I additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

13 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS). <b>UNLESS ITEMIZED</b>	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$15,445.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS. <b>UNLESS ITEMIZED</b>	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$27,287.56
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$17,243.22
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

19 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.



**JUDY ANN KARDARAS**  
Notary Public  
STATE OF TEXAS  
My Comm. Exp. 11/30/2012



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Carter Burdette this the 6<sup>th</sup> day of July, 2009, to certify which, witness my hand and seal of office.



Signature of officer administering oath

Printed name of officer administering oath  
**Judy Ann Kardaras**

Title of officer administering oath  
**Notary Public, State of Texas**

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 12
2 FILER NAME Carter Burdette		3 ACCOUNT # (Ethics Commission filers)
4 Date 05/01/09	5 Full name of contributor Maxine Kemble 6 Contributor address; City; State; Zip Code 2003 Highland Oaks Fort Worth, Texas 76107	7 Amount of contribution (\$) \$100.00 8 In-kind contribution description (if applicable) I
Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)
Date 05/01/09	Full name of contributor Carlos M. Delatorre Contributor address; City; State; Zip Code 2300 Autumn Oaks Trail Arlington, Texas 76006	Amount of contribution (\$) \$25.00 In-kind contribution description (if applicable) I
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/01/09	Full name of contributor Vernon W. Bryant <input type="checkbox"/> <small>out-of-state PAC (ID#)</small> Contributor address; City; State; Zip Code 1712 Carlton Street Fort Worth, Texas 76107	Amount of contribution (\$) \$100.00 In-kind contribution description (if applicable) I  (If travel outside of Texas, complete Schedule 7)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/01/09	Full name of contributor Cornelia C. Friedman <input type="checkbox"/> <small>out-of-state PAC (ID#)</small> Contributor address; City; State; Zip Code 1305 Shady Oaks Lane Fort Worth, Texas 76107	Amount of contribution (\$) \$50.00 In-kind contribution description (if applicable) I  (If travel outside of Texas, complete Schedule 1)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/01/09	Full name of contributor John M. Hogg <input type="checkbox"/> <small>out-of-state PAC (ID#)</small> Contributor address; City; State; Zip Code 5046 Birchman Avenue Fort Worth, Texas 76107-4848	Amount of contribution (\$) \$1,000.00 In-kind contribution description (if applicable) I
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS <b>NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:
2 FILER NAME Carter Burdette		3 ACCOUNT # (Ethics Commission filers)
4 Date 05/01/09	5 Full name of contributor Robert Chicotsky 6 Contributor address: City; State; Zip Code P.O. Box 9612 Fort Worth, Texas 76147	7 Amount of contribution (\$) 75.00 8 In-kind contribution description (if applicable) I (If travel outside of Texas, complete Schedule 1)
Principal occupation / Job title (See Instructions)		
Date 05/01/09	Full name of contributor J. Andy Thompson Contributor address; City; State; Zip Code P.O. Box 9557 Fort Worth, Texas 76147-2557	Amount of contribution (\$) 100.00 In-kind contribution description (if applicable). I
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/01/09	Full name of contributor Randolph W. Brown <input type="checkbox"/> <small>out-of-state PAC (ID#)</small> Contributor address; City; State; Zip Code 1704 Tremont Avenue Fort Worth, Texas 76107	Amount of contribution (\$) 10.00 In-kind contribution description (if applicable) I (If travel outside of Texas, complete Schedule 7)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/01/09	Full name of contributor Mary Jude Ryan <input type="checkbox"/> <small>out-of-state PAC (OW)</small> Contributor address; City; State; Zip Code 6320 Inca Road Fort Worth, Texas 76116	Amount of contribution (\$) 100.00 In-kind contribution description (if applicable) I (If travel outside of Texas, complete Schedule 1)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/01/09	Full name of contributor Edward E. Stocker, Jr. Contributor address; City; State; Zip Code 1600 West 7 <sup>th</sup> Street Fort Worth, Texas 76102-2505	Amount of contribution (\$) 100.00 In-kind contribution description (if applicable) I
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS <b>NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:
2 FILER NAME Carter Burdette		3 ACCOUNT # (Ethics Commission files)
4 Date 05/01/09	5 Full name of contributor Carl W. Bell 6 Contributor address; City; State; Zip Code 5834 Park Lane Dallas, Texas 75225	7 Amount of contribution (\$) \$100.00 8 In-kind contribution description (if applicable) I (If travel outside of Texas, complete Schedule 1)
Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)
Date 05/01/09	Full name of contributor Lt. Col. George B. Alden Contributor address; City; State; Zip Code 1357 Roaring Springs Road Fort Worth, Texas 76114	Amount of contribution (\$) \$25.00 In-kind contribution description (if applicable) I
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/01/09	Full name of contributor Greta Barradas <input type="checkbox"/> <small>out-of-state PAC (ID#)</small> Contributor address; City; State; Zip Code 1831 Roaring Springs Road Fort Worth, Texas 76114	Amount of contribution (\$) \$25.00 In-kind contribution description (if applicable) I (If travel outside of Texas, complete Schedule 7)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/01/09	Full name of contributor Brenda Brookman <input type="checkbox"/> <small>out-of-state PAC (OW)</small> Contributor address; City; State; Zip Code 1333 Roaring Springs Road Fort Worth, Texas 76114	Amount of contribution (\$) \$50.00 In-kind contribution description (if applicable) I (If travel outside of Texas, complete Schedule 1)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/01/09	Full name of contributor Alfred Ronald Daniell 0 <small>out-of-state PAC (ID#)</small> Contributor address; City; State; Zip Code 1395 Roaring Springs Road Fort Worth, Texas 76114	Amount of contribution (\$) \$100.00 In-kind contribution description (if applicable)
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.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:
2 FILER NAME Carter Burdette		3 ACCOUNT # (Ethics Commission filers)
4 Date 05/01/09	5 Full name of contributor Jacqueline L. Elkins	7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)  \$50.00 I  (If travel outside of Texas, complete Schedule 1)
	6 Contributor address; City; State; Zip Code 1325 Roaring Springs Road Fort Worth, Texas 76114	
Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)
Date 05/01/09	Full name of contributor Judy Levy	Amount of contribution (\$) I In-kind contribution description (if applicable).  \$25.00  (If travel outside of Texas, complete Schedule 7)
	Contributor address; City; State; Zip Code 1327 Roaring Springs Road Fort Worth, Texas 76114	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/01/09	Full name of contributor John B. Moore <input type="checkbox"/>	Amount of contribution (\$) I In-kind contribution description (if applicable)  \$25.00 I  (If travel outside of Texas, complete Schedule 7)
	Contributor address; City; State; Zip Code 1373 Roaring Springs Road Fort Worth, Texas 76114	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/01/09	Full name of contributor Mary Nell O'Connell <input type="checkbox"/>	Amount of contribution (\$) I In-kind contribution description (if applicable)  \$50.00  (If travel outside of Texas, complete Schedule 1)
	Contributor address; City; State; Zip Code 1391 Roaring Springs Road Fort Worth, Texas 76114	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/01/09	Full name of contributor Barbara C. Roark <input type="checkbox"/>	Amount of contribution (\$) I In-kind contribution description (if applicable)  \$15.00  (If travel outside of Texas, complete Schedule 1)
	Contributor address; City; State; Zip Code 1355 Roaring Springs Road Fort Worth, Texas 76114	
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.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:
2 FILER NAME Carter Burdette		3 ACCOUNT # (Ethics Commission filers)
4 Date 05/01/09	5 Full name of contributor Timothy D. Runkle 6 Contributor address; City; State; Zip Code 1345 Roaring Springs Road Fort Worth, Texas 76114	7 Amount of contribution (\$) \$50.00 8 In-kind contribution description (if applicable) I (If travel outside of Texas, complete Schedule 1)
Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)
Date 05/01/09	Full name of contributor The Tackett Family Trust Contributor address; City; State; Zip Code 1365 Roaring Springs Road Fort Worth, Texas 76114	Amount of contribution (\$) \$25.00 In-kind contribution description (if applicable) I
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/01/09	Full name of contributor Shelby S. Whiteley <input type="checkbox"/> <small>out-of-state PAC (ID#)</small> Contributor address; City; State; Zip Code 1359 Roaring Springs Road Fort Worth, Texas 76114	Amount of contribution (\$) \$25.00 In-kind contribution description (if applicable) I (If travel outside of Texas, complete Schedule 7)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/01/09	Full name of contributor Harry E. Bartel <input type="checkbox"/> <small>out-of-state PAC (ID#)</small> Contributor address; City; State; Zip Code 2410 Halloran Street Fort Worth, Texas 76107-4649	Amount of contribution (\$) \$100.00 In-kind contribution description (if applicable) I (If travel outside of Texas, complete Schedule 1)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/01/09	Full name of contributor Valleau Wilkie, Jr. <input type="checkbox"/> <small>out-of-state PAC (ID#)</small> Contributor address; City; State; Zip Code 309 Main Street Fort Worth, Texas 76102	Amount of contribution (\$) \$250.00 In-kind contribution description (if applicable) I
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.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:
2 FILER NAME Carter Burdette		3 ACCOUNT # (Ethics Commission filers)
4 Date 05/04/09	5 Full name of contributor Edward P. Bass	7 Amount of contribution (\$) 18 In-kind contribution description (if applicable) \$1,000.00 I (If travel outside of Texas, complete Schedule 1)
	6 Contributor address; City: State; Zip Code 201 Main Street, Suite 2700 Fort Worth, Texas 76102	
Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)
Date 05/04/09	Full name of contributor Jerry Goodwin	Amount of contribution (\$) I In-kind contribution description (if applicable). \$50.00
	Contributor address; City: State; Zip Code 6308 Estates Lane Fort Worth, Texas 76137	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/04/09	Full name of contributor Bob Leonard <input type="checkbox"/>	Amount of contribution (\$) I In-kind contribution description (if applicable) \$100.00 I (If travel outside of Texas, complete Schedule 7)
	Contributor address; City: State; Zip Code 2800 South Hulen Street, Suite 210 Fort Worth, Texas 76109	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/04/09	Full name of contributor Kenneth Garrett <input type="checkbox"/>	Amount of contribution (\$) I In-kind contribution description (if applicable) \$100.00 (If travel outside of Texas, complete Schedule 1)
	Contributor address; City: State; Zip Code 6100 Southwest Boulevard Fort Worth, Texas 76109	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/04/09	Full name of contributor Andrew E. Swartzfager 0	Amount of contribution (\$) In-kind contribution description (if applicable) \$20.00
	Contributor address; City: State; Zip Code 3613 Pershing Avenue Fort Worth, Texas 76107	
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.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:
2 FILER NAME Carter Burdette		3 ACCOUNT # (Ethics Commission filers)
4 Date 05/04/09	5 Full name of contributor William E. Bailey 6 Contributor address: City; State; Zip Code P.O. Box 510 Fort Worth, Texas 76101-0510	7 Amount of contribution (\$) 18 In-kind contribution description (if applicable) \$100.00 I (If travel outside of Texas, complete Schedule 1)
g Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)
Date 05/04/09	Full name of contributor John N. McColm Contributor address; City; State; Zip Code 5301 Collinwood Drive Fort Worth, Texas 76107	Amount of contribution (\$) I In-kind contribution description (if applicable). \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/04/09	Full name of contributor Richard F. Garvey <input type="checkbox"/> <small>out-of-state PAC (ID#)</small> Contributor address; City; State; Zip Code P.O. Box 9600 Fort Worth, Texas 76147-2600	Amount of contribution (\$) I In-kind contribution description (if applicable) \$250.00 I (If travel outside of Texas, complete Schedule 7)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/04/09	Full name of contributor Shirley F. Garvey Revocable Trust <input type="checkbox"/> <small>out-of-state PAC (OW)</small> Contributor address; City; State; Zip Code P.O. Box 9600 Fort Worth, Texas 76147-2600	Amount of contribution (\$) I In-kind contribution description (if applicable) \$100.00 (I f travel outside of Texas, complete Schedule 1)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/04/09	Full name of contributor Ralph F. Cox <input type="checkbox"/> <small>out-of-state PAC (ID#)</small> Contributor address; City; State; Zip Code 200 Rivercrest Drive Fort Worth, Texas 76107-7650	Amount of contribution (\$) In-kind contribution description (if applicable) \$250.00
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.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:
2 FILER NAME Carter Burdette		3 ACCOUNT # (Ethics Commission filers)
4 Date 05/06/09	5 Full name of contributor James D. Finley 6 Contributor address; City; State; Zip Code 1308 Lake Street Fort Worth, Texas 76102	7 Amount of contribution (\$) \$1,000.00 8 In-kind contribution description (if applicable) I (If travel outside of Texas, complete Schedule 1)
Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)
Date 05/06/09	Full name of contributor Chesapeake Energy for Texans PAC Contributor address; City; State; Zip Code P.O. Box 916 Fort Worth, Texas 76101-0916	Amount of contribution (\$) \$1,000.00 In-kind contribution description (if applicable) I
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/06/09	Full name of contributor Thomas L. Krampitz <input type="checkbox"/> <small>out-of-state PAC (ID#)</small> Contributor address; City; State; Zip Code 3420 Potomac Avenue Dallas, Texas 75205	Amount of contribution (\$) \$250.00 In-kind contribution description (if applicable) I (If travel outside of Texas, complete Schedule 7)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/06/09	Full name of contributor Alberta D. Hogg <input type="checkbox"/> <small>out-of-state PAC (OW)</small> Contributor address; City; State; Zip Code 5615 El Campo Avenue Fort Worth, Texas 76107	Amount of contribution (\$) \$100.00 In-kind contribution description (if applicable) I (If travel outside of Texas, complete Schedule 1)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/06/09	Full name of contributor E. Scott Polikov <input type="checkbox"/> <small>out-of-state PAC (ID#)</small> Contributor address; City; State; Zip Code 2105 Western Avenue Fort Worth, Texas 76107	Amount of contribution (\$) \$50.00 In-kind contribution description (if applicable) I
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.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:
2 FILER NAME Carter Burdette		3 ACCOUNT # (Ethics Commission filers)
4 Date 05/06/09	5 Full name of contributor Marshall Tillman 6 Contributor address; City; State; Zip Code 4313 Bilglade Road Fort Worth, Texas 76109	7 Amount of contribution (\$) \$100.00 8 In-kind contribution description (if applicable) I (If travel outside of Texas, complete Schedule 1)
Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)
Date 05/06/09	Full name of contributor QPAC Contributor address; City; State; Zip Code 301 Commerce Street Fort Worth, Texas 76102-4140	Amount of contribution (\$) \$500.00 In-kind contribution description (if applicable) I
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/09/09	Full name of contributor Charles W. Nixon <input type="checkbox"/> <small>out-of-state PAC (ID#)</small> Contributor address; City; State; Zip Code 104 Crestwood Drive Fort Worth, Texas 76107	Amount of contribution (\$) \$200.00 In-kind contribution description (if applicable) I (If travel outside of Texas, complete Schedule 7)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/09/09	Full name of contributor O.P. Leonard, Jr. <input type="checkbox"/> <small>out-of-state PAC (ID#)</small> Contributor address; City; State; Zip Code P.O. Box 1718 Fort Worth, Texas 76101-1718	Amount of contribution (\$) \$150.00 In-kind contribution description (if applicable) I (If travel outside of Texas, complete Schedule 1)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/09/09	Full name of contributor Gary W. Cumbie <input type="checkbox"/> <small>out-of-state PAC (ID#)</small> Contributor address; City; State; Zip Code 400 Willow Ridge Road Fort Worth, Texas 76103	Amount of contribution (\$) \$100.00 In-kind contribution description (if applicable) I
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.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:
2 FILER NAME Carter Burdette		3 ACCOUNT # (Ethics Commission filers)
4 Date 05/09/09	5 Full name of contributor Boswell Interests, Ltd. 6 Contributor address; City; State; Zip Code 1320 Lake Street Fort Worth, Texas 76102	7 Amount of contribution (\$) \$1,000.00 8 In-kind contribution description (if applicable) I (If travel outside of Texas, complete Schedule 1)
Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)
Date 05/09/09	Full name of contributor G. Douglas Tatum, M.D. Contributor address; City; State; Zip Code 4736 Washburn Avenue Fort Worth, Texas 76107	Amount of contribution (\$) \$100.00 In-kind contribution description (if applicable) I
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/09/09	Full name of contributor Thomas Szymanski. <input type="checkbox"/> <small>out-of-state PAC (ID#)</small> Contributor address; City; State; Zip Code 10649 Verna Trail West Fort Worth, Texas 76108	Amount of contribution (\$) \$100.00 In-kind contribution description (if applicable) I (If travel outside of Texas, complete Schedule 7)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/09/09	Full name of contributor Jackie D. Bewley <input type="checkbox"/> <small>out-of-state PAC (ID#)</small> Contributor address; City; State; Zip Code 2200 So. Riverside Drive Fort Worth, Texas 76104	Amount of contribution (\$) \$1,000.00 In-kind contribution description (if applicable) I (If travel outside of Texas, complete Schedule 1)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/09/09	Full name of contributor James W. Schell <input type="checkbox"/> <small>out-of-state PAC (ID#)</small> Contributor address; City; State; Zip Code 901 Fort Worth Club Building Fort Worth, Texas 76102	Amount of contribution (\$) \$500.00 In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:
2 FILER NAME Carter Burdette		3 ACCOUNT # (Ethics Commission filers)
4 Date 05/09/09	5 Full name of contributor R. Denny Alexander 6 Contributor address; City; State; Zip Code 4200 So. Hulen Street, Suite 617 Fort Worth, Texas 76109	7 Amount of contribution (\$) \$200.00 8 In-kind contribution description (if applicable) I (If travel outside of Texas, complete Schedule 1)
Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)
Date 05/09/09	Full name of contributor Wm. Scott Farrar Contributor address; City; State; Zip Code P.O. Box 1307 Arlington, Texas 76004	Amount of contribution (\$) \$100.00 In-kind contribution description (if applicable) I
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/09/09	Full name of contributor Karl Komatsu Contributor address; City; State; Zip Code 3905 Lenox Drive Fort Worth, Texas 76107	Amount of contribution (\$) \$250.00 In-kind contribution description (if applicable) I (If travel outside of Texas, complete Schedule 7)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/09/09	Full name of contributor XTO Energy Inc. PAC Contributor address; City; State; Zip Code 810 Houston Street Fort Worth, Texas 76102	Amount of contribution (\$) \$500.00 In-kind contribution description (if applicable) I (If travel outside of Texas, complete Schedule 1)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/09/09	Full name of contributor Linebarger Goggan Blair & Sampson, LLP Contributor address; City; State; Zip Code P.O. Box 17428 Austin, Texas 78760	Amount of contribution (\$) \$2,000.00 In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:
2 FILER NAME Carter Burdette		3 ACCOUNT # (Ethics Commission filers)
4 Date 05/12/09	5 Full name of contributor Dan E. Lowrance 6 Contributor address; City; State; Zip Code 4051 Modlin Avenue Fort Worth, Texas 76107	7 Amount of contribution (\$) \$500.00 8 In-kind contribution description (if applicable) I (If travel outside of Texas, complete Schedule 1)
Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)
Date 05/12/09	Full name of contributor Thomas F. Mastin, IV Contributor address; City; State; Zip Code 1009 Henderson Street Fort Worth, Texas 76102	Amount of contribution (\$) \$25.00 In-kind contribution description (if applicable) I
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/12/09	Full name of contributor Dennis Swift Contributor address; City; State; Zip Code 5216 Collinwood Fort Worth, Texas 76107	Amount of contribution (\$) \$100.00 In-kind contribution description (if applicable) I (If travel outside of Texas, complete Schedule 7)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/20/09	Full name of contributor Perry Johns Contributor address; City; State; Zip Code P.O. Box 4588 Fort Worth, Texas 76164	Amount of contribution (\$) \$1,000.00 In-kind contribution description (if applicable) I (If travel outside of Texas, complete Schedule 1)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/26/09	Full name of contributor J. Kelly Ryan Contributor address; City; State; Zip Code 307 W. 7th Street, Suite 1705 Fort Worth, Texas 76102	Amount of contribution (\$) \$50.00 In-kind contribution description (if applicable) I
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**PLEGGED CONTRIBUTIONS**

**SCHEDULE B**

The Instruction Guide explains how to complete this form. Total pages this Schedule B: 1

2 FILER NAME **Carter Burdette** 3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: \* K. b..... \$

<b>5</b>	Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (IC#: 7 Pledgor address; City; State; Zip Code  N/A	8 Amount of pledge (\$) (if applicable)	9 In-kind description (if applicable) I I I I
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(If travel outside of Texas, complete Schedule

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

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (IC#: Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
------	--	-----------------------	-------------------------------------

(If travel outside of Texas, complete Schedule 1)

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 1)

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

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>	
<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: 1	
<b>2</b> FILER NAME Carter Burdette		<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 out-of-state <input type="checkbox"/> PAC (ID#): _____	<b>9</b> Loan Amount (\$)	
<b>6</b> Is lender a financial institution? <input type="checkbox"/> Y <input type="checkbox"/> N	<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>18</b> Amount Guaranteed (\$)
<b>17</b> Guarantor address; City; State; Zip Code			
<b>19</b> Principal Occupation		<b>20</b> Employer	
Date of loan	Name of lender out-of <input type="checkbox"/> PAC (ID#): _____	Loan Amount (\$)	
Is lender a financial institution? Y N	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			
<b>GUARANTOR INFORMATION</b> <input type="checkbox"/> not applicable	Name of guarantor		Amount Guaranteed (\$)
Guarantor address; City; State; Zip Code			
Principal Occupation		Employer	
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

Total pages Schedule F: 2

**2** FILER NAME Carter Burdette

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

**4'** Date  
05/08/09

**5** Payee name The Election Group  
**6** Payee address; City; State; Zip Code  
4055 International Plaza, Fort Worth, Texas 76109

Amount  
\$1,277.75

**8** Purpose of payment (See instructions regarding type of information required.)  
Campaign services  
(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  
05/08/09

Payee name The Election Group  
Payee address; City; State; Zip Code  
4055 International Plaza, Fort Worth, Texas 76109

Amount  
(\$)  
\$8,778.81

Purpose of payment (See instructions regarding type of information required.) Campaign Services  
(If travel outside of Texas, complete Schedule 1)

- Complete If direct expenditure to benefit C/OH -  
Candidate / Officeholder name Office sought Office held

Date  
05/20/09

Payee name The Election Group  
Payee address; City; State; Zip Code  
4055 International Plaza, Fort Worth, Texas 76109

Amount  
(\$)  
\$11,114.65

Purpose of payment (See instructions regarding type of information required.) Campaign services

- Complete if direct expenditure to benefit C/OH -  
Candidate / Officeholder name Office sought Office held

Date  
05/20/09

Payee name Judy Kardaras  
Payee address: City; State; Zip Code  
600 W. 6<sup>th</sup> Street, Suite 300, Fort Worth, Texas 76102

Amount  
(\$)  
\$300.00

Purpose of payment (See instructions regarding type of information required.) Campaign services  
(If travel outside of Texas, complete Schedule 7)

- 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**

<b>The Instruction Guide explains how to complete this form.</b>		Total pages Schedule F:
<b>2</b> FILER NAME Carter Burdette		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date 05/20/09	<b>5</b> Payee name Cantey Hanger LLP  <b>6</b> Payee address; City; State; Zip Code 600 West 6 <sup>th</sup> Street, Suite 300, Fort Worth, Texas 76102	Amount  \$300.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Campaign supplies  (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 06/08/09	Payee name City of Fort Worth  Payee address; City; State; Zip Code 1000 Throckmorton Street, Suite 300, Fort Worth, Texas 76102	Amount (\$) \$81.19
Purpose of payment (See instructions regarding type of information required.) Constituent's Citation  (if travel outside of Texas, complete Schedule 1)	- Complete If direct expenditure to benefit C/OH - Candidate / Officeholder name Office sought Office held	
Date 06/09/09	Payee name City of Fort Worth  Payee address; City; State; Zip Code 1000 Throckmorton Street, Suite 300, Fort Worth, Texas 76102	Amount (\$) \$110.00
Purpose of payment (See instructions regarding type of information required.) Constituent's Citation  (if travel outside of Texas, complete Schedule 1)	- 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 7)	- 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 MADE FROM PERSONAL FUNDS

## SCHEDULE G

The <b>Instruction Guide</b> explains how to complete this form.		1 Total pages Schedule G: 1
2 FILER NAME Carter Burdette		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name N/A  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)	B Amount (5)  Reimbursement from political contributions intended
Date	Payee name  Payee address; City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount (5)  m Reimbursement from political contributions intended
Date	Payee name  Payee address; City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule 1)	Amount (5)  i n Reimbursement from political contributions intended
Date	Payee name  Payee address; City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount (5)  m Reimbursement from political contributions intended
Date	Payee name  Payee address; City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount (5)  1 ___ 1 Reimbursement from political contributions intended

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

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

## SCHEDULE H

The Instruction <b>Guide</b> explains how to complete this form.		1 Total pages Schedule H: 1
2 FILER NAME Carter Burdette		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Business name N/A	7 Amount (\$)
	6 Business address; City; State; Zip Code	
8 Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule 1)		9 -- 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 1)		-- 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>		

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.		1 Total pages Schedule I: 4
2 FILER NAME Carter Burdette		3 ACCOUNT # (Ethics Commission filers)
4 Date 05/04/09	5 Payee name The Fort Worth Club Payee address; City; State; Zip Code 306 W. 7 <sup>th</sup> Street, Fort Worth, Texas 76102	8 Amount (\$) \$167.79
7 Purpose of expenditure (See instructions regarding type of information required.) Dues		
Date 05/04/09	Payee name Life Gift Organ Donation Center Payee address; City; State; Zip Code 1701 River Run, Suite 300, Fort Worth, Texas 76107	Amount (\$) \$50.00
Purpose of expenditure (See instructions regarding type of information required.) Donation		
Date 05/06/09	Payee name Kathleen Hicks Campaign Payee address; City; State; Zip Code P.O. Box 15921, Fort Worth, Texas 76119	Amount (\$) \$100.00
Purpose of expenditure (See instructions regarding type of information required.) Political donation		
Date 05/07/09	Payee name Como Youth Promoting Pride Payee address; City; State; Zip Code 4900 Horne Street, Fort Worth, Texas 76107	Amount (\$) \$500.00
Purpose of expenditure (See instructions regarding type of information required.) Donation		
Date 05/20/09	Payee name Catholic Charities Payee address; City; State; Zip Code 2701 Burchill Road North, Fort Worth, Texas 76105	Amount (\$) \$1,000.00
Purpose of expenditure (See instructions regarding type of information required.) Donation		

**NON-POLITICAL EXPENDITURES  
MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE I**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule I:
2 FILER NAME Carter Burdette		3 ACCOUNT # (Ethics Commission filers)
4 Date 05/20/09	5 Payee name Fort Worth Opera Payee address; City; State; Zip Code 1300 Gendy Street, Fort Worth, Texas 76107	8 Amount (\$) \$500.00
7 Purpose of expenditure (See instructions regarding type of information required.) Donation		
Date 05/20/09	Payee name National Multicultural Western Heritage Museum Payee address; City; State; Zip Code 2401 Scott Avenue, Fort Worth, Texas 76103	Amount (\$) \$50.00
Purpose of expenditure (See instructions regarding type of information required.) Donation		
Date 05/20/09	Payee name J. D. Johnson Campaign Payee address: City; State; Zip Code P.O. Box 136021, Fort Worth, Texas 76136	Amount (\$) \$200.00
Purpose of expenditure (See instructions regarding type of information required.) Political donation		
Date 05/20/09	Payee name Fort Worth Museum of Science & History Payee address: City; State; Zip Code 1501 Montgomery Street, Fort Worth, Texas 76107	Amount (\$) \$500.00
Purpose of expenditure (See instructions regarding type of information required.) Donation		
Date 05/26/09	Payee name AT&T Mobility Payee address; City; State; Zip Code Dallas, Texas	Amount (\$) \$49.90
Purpose of expenditure (See instructions regarding type of information required.) Cell phone service		

**NON-POLITICAL EXPENDITURES  
MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE I**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule I:
2 FILER NAME Carter Burdette		3 ACCOUNT # (Ethics Commission filers)
4 Date 06/08/09	5 Payee name The Fort Worth Club Payee address; City; State; Zip Code 306 W. 7 <sup>th</sup> Street, Fort Worth, Texas 76102	8 Amount (\$) \$169.41
	7 Purpose of expenditure (See instructions regarding type of information required.) Dues	
Date 06/08/09	Payee name Modern Art Museum of Fort Worth Payee address; City; State; Zip Code 3200 Darnell Street, Fort Worth, Texas 76107	Amount (\$) \$1,200.00
	Purpose of expenditure (See instructions regarding type of information required.) Donation	
Date 06/08/09	Payee name Van Cliburn Foundation, Inc. Payee address; City; State; Zip Code 2525 Ridgmar Boulevard, Fort Worth, Texas 76116	Amount (\$) \$250.00
	Purpose of expenditure (See instructions regarding type of information required.) Donation	
Date 06/15/09	Payee name Kimbell Art Museum Payee address; City; State; Zip Code 3333 Camp Bowie Boulevard, Fort Worth, Texas 76107	Amount (\$) \$300.00
	Purpose of expenditure (See instructions regarding type of information required.) Donation	
Date 06/29/09	Payee name Fort Worth Sister Cities International Payee address; City; State; Zip Code 808 Throckmorton Street, Fort Worth, Texas 76101	Amount (\$) \$100.00
	Purpose of expenditure (See instructions regarding type of information required.) Donation	

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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:
2 FILER NAME Carter Burdette		3 ACCOUNT # (Ethics Commission filers)
4 Date 06/29/09	5 Payee name AT&T Mobility Payee address; City; State; Zip Code Dallas, Texas	8 Amount (\$) \$46.86
7 Purpose of expenditure (See instructions regarding type of information required.) Cell phone service		
Date 06/29/09	Payee name Fort Worth Museum of Science & History Payee address; City; State; Zip Code 1501 Montgomery Street, Fort Worth, Texas 76107	Amount (\$) \$141.20
Purpose of expenditure (See instructions regarding type of information required.) Donation		
Date	Payee name Payee address: City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		
Date	Payee name Payee address: City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		

**CREDITS (optional)****SCHEDULE K**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K 1
2 FILER NAME Carter Burdette		3 ACCOUNT # (Ethics Commission Semi)
4 Date	5 Payor name N/A	8 Amount (\$)
	6 Payor address; City; State; Zip Code	
	7 Reason for credit	
Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	
Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	
Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	
Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	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.

Total pages Schedule T. 1

2 FILER NAME Carter Burdette

3 ACCOUNT # (Ethics Commission filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee N/A

5 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

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)

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

# 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 that designating a report as, a final report terminates my campaign treasurer appointment. I do not accept any campaign contributions or make any campaign expenditures without a campaign on file.

my candidacy. I understand I also understand that I may treasurer appointment

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:

11. 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 in accordance with the requirements of Election Code, § 254.204.

#### B. ASSETS

Check only one:

III I do not retain assets purchased with political contributions or interest or other income from political contributions.

in 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 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