

# 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) 00999999	2 PAGE # 1 of 50
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Joel	MI
	NICKNAME	LAST Burns	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:	APT / SUITE #:	CITY; STATE; ZIP CODE
	P.O. Box 12663 Fort Worth, TX 76110		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST William	MI
	NICKNAME	LAST Hall	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	2308 Medford Court West Fort Worth, TX 76109		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(817)	371-1177	
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit
9 PERIOD COVERED	Month	Day	Year
	07/01/2010	THROUGH	12/31/2010
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	05/14/2011	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff
		<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any) City Council District 09		12 OFFICE SOUGHT (if known)
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	... 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		

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OFFICIAL RECORD  
CITY SECRETARY  
FT. WORTH, TEXAS

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**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM C/OH  
COVER SHEET PG 2**

14 C/OH NAME Burns, Joel (Mr.)

15 ACCOUNT # (Ethics Commission filers)  
00999999

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. 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. ..

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 6,587.29
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 91,048.33
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
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4. TOTAL POLITICAL EXPENDITURES	\$ 14,697.90
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CONTRIBUTION BALANCE

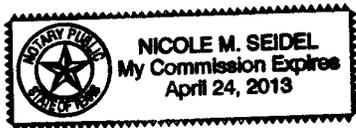
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 102,422.36
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OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
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18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



*Joel Burns*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Joel Burns, this the 18th day of January, 2011, to certify which, witness my hand and seal of office.

*Nicole M Seidel* Signature of officer administering oath  
 Nicole M Seidel Print name of officer administering oath  
 Asst to City Secretary Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1 PAGE #</b> Schedule: 6/38 Report: 8/50	
<b>2 FILER NAME</b> Burns, Joel (Mr.)		<b>3 ACCOUNT #</b> (Ethics Commission filers) 00999999	
<b>4 Date</b>  12/31/2010	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Culebro, Kathleen  <b>6 Contributor address; City; State; Zip Code</b> 2429 Colonial Pky Fort Worth, TX 76109	<b>7 Amount of contribution (\$)</b>  \$500.00	<b>8 In-kind contribution description (if applicable)</b>     <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
<b>9 Principal occupation / Job title (See Instructions)</b> Amphibian Stage Productions		<b>10 Employer (See Instructions)</b> Artistic Director	
<b>Date</b>  12/16/2010	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Davis, Jeff  <b>Contributor address; City; State; Zip Code</b> 420 Throckmorton St Ste 640 Fort Worth, TX 76102-3723	<b>Amount of contribution (\$)</b>  \$1,000.00	<b>In-kind contribution description (if applicable)</b>     <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
<b>Principal occupation / Job title (See Instructions)</b> Attorney		<b>Employer (See Instructions)</b> Republic Title	
<b>Date</b>  10/20/2010	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Davis, Jeremy  <b>Contributor address; City; State; Zip Code</b> 1338 Otter Creek Road Nashville, TN 37215	<b>Amount of contribution (\$)</b>  \$100.00	<b>In-kind contribution description (if applicable)</b>     <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  10/26/2010	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Davis, Mary (Ms.)  <b>Contributor address; City; State; Zip Code</b> 8109 Sundale Court Fort Worth, TX 76123	<b>Amount of contribution (\$)</b>  \$100.00	<b>In-kind contribution description (if applicable)</b>     <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
<b>Principal occupation / Job title (See Instructions)</b> District Sales Manager		<b>Employer (See Instructions)</b> Texas & Pacific Lofts	
<b>Date</b>  12/29/2010	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Dernehl, Jim  <b>Contributor address; City; State; Zip Code</b> 1289 Hemphill St Ste 101 Fort Worth, TX 76104-4648	<b>Amount of contribution (\$)</b>  \$500.00	<b>In-kind contribution description (if applicable)</b>     <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
<b>Principal occupation / Job title (See Instructions)</b> CEO		<b>Employer (See Instructions)</b> Operating Technical Electronics Inc	



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 23/38 Report: 25/50	
2 FILER NAME Burns, Joel (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00999999	
4 Date  10/15/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McDonald, Derek  6 Contributor address; City; State; Zip Code 1712 W 10th St Austin, TX 78703-3908	7 Amount of contribution (\$)  \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date  12/27/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Meeks, Steve  Contributor address; City; State; Zip Code 100 Throckmorton St Ste 300 Fort Worth, TX 76102-2833	Amount of contribution (\$)  \$5,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Linebarger Goggan Blair & Sampson LLP Attorneys a			
Date  10/18/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Meigs, David  Contributor address; City; State; Zip Code 9414 Valley Lane Huntsville, AL 35803	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  12/17/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michael, Richard  Contributor address; City; State; Zip Code 2316 Woodsong Trl Arlington, TX 76016-1037	Amount of contribution (\$)  \$2,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Partner		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) The Rug Company			
Date  10/18/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Miles, Edward  Contributor address; City; State; Zip Code 2147 Wake Drive Raleigh, NC 27608	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1 PAGE #</b> Schedule: 12/38 Report: 14/50	
<b>2 FILER NAME</b> Burns, Joel (Mr.)		<b>3 ACCOUNT #</b> (Ethics Commission filers) 00999999	
<b>4 Date</b>  10/16/2010	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Goldstraw, Steven  <b>6 Contributor address; City; State; Zip Code</b> 6600 Ripple Run Austin, TX 78744	<b>7 Amount of contribution (\$)</b>  \$25.00	<b>8 In-kind contribution description (if applicable)</b>          <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>
<b>9 Principal occupation / Job title (See Instructions)</b>		<b>10 Employer (See Instructions)</b>	
<b>Date</b>  10/20/2010	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Gonzalez, Sam  <b>Contributor address; City; State; Zip Code</b> 10 Mitchell Place #6E New York, NY 10017	<b>Amount of contribution (\$)</b>  \$100.00	<b>In-kind contribution description (if applicable)</b>          <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  12/15/2010	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Good Government Fund  <b>Contributor address; City; State; Zip Code</b> 201 Main St. Suite 2500 Fort Worth, TX 76102	<b>Amount of contribution (\$)</b>  \$1,000.00	<b>In-kind contribution description (if applicable)</b>          <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  12/19/2010	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Greenhill, Bill  <b>Contributor address; City; State; Zip Code</b> 1608 Ashland Avenue Fort Worth, TX 76107	<b>Amount of contribution (\$)</b>  \$250.00	<b>In-kind contribution description (if applicable)</b>          <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b> Attorney		<b>Employer (See Instructions)</b> Haynes and Boone LLP	
<b>Date</b>  12/10/2010	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Grover, Michael  <b>Contributor address; City; State; Zip Code</b> 129 Ridley Ln Decatur, GA 30030-2910	<b>Amount of contribution (\$)</b>  \$500.00	<b>In-kind contribution description (if applicable)</b>          <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b> Executive Director of Government Affairs		<b>Employer (See Instructions)</b> Cox Communications, Inc.	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1 PAGE #</b> Schedule: 8/38 Report: 10/50	
<b>2 FILER NAME</b> Burns, Joel (Mr.)		<b>3 ACCOUNT #</b> (Ethics Commission filers) 00999999	
<b>4 Date</b>  12/20/2010	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Ellis, Luke (Mr.)  <b>6 Contributor address; City; State; Zip Code</b> 1205 Mistletoe Drive Fort Worth, TX 76110	<b>7 Amount of contribution (\$)</b>  \$500.00	<b>8 In-kind contribution description (if applicable)</b>     <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
<b>9 Principal occupation / Job title (See Instructions)</b> Attorney		<b>10 Employer (See Instructions)</b> Brackett & Ellis P.C.	
<b>Date</b>  12/05/2010	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Elmendorf, Steve  <b>Contributor address; City; State; Zip Code</b> 900 7th St NW Ste 750 Washington, DC 20001-4184	<b>Amount of contribution (\$)</b>  \$1,000.00	<b>In-kind contribution description (if applicable)</b>     <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
<b>Principal occupation / Job title (See Instructions)</b> Self		<b>Employer (See Instructions)</b> Elmendorf Strategies	
<b>Date</b>  11/01/2010	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Englin Consulting, LLC  <b>Contributor address; City; State; Zip Code</b> 1505 Wayne Street Alexandria, VA 22301	<b>Amount of contribution (\$)</b>  \$9,500.00	<b>In-kind contribution description (if applicable)</b> Consulting Services     <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  10/23/2010	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Enright, Steven  <b>Contributor address; City; State; Zip Code</b> 2726 Bissonnett STE 240-211 Houston, TX 77005	<b>Amount of contribution (\$)</b>  \$10.00	<b>In-kind contribution description (if applicable)</b>     <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  12/21/2010	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Escamilla, Pablo  <b>Contributor address; City; State; Zip Code</b> 201 Stratford Street Houston, TX 77006	<b>Amount of contribution (\$)</b>  \$1,000.00	<b>In-kind contribution description (if applicable)</b>     <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
<b>Principal occupation / Job title (See Instructions)</b> Attorney		<b>Employer (See Instructions)</b> Escamilla & Ponek	











# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1 PAGE #</b> Schedule: 7/38 Report: 9/50	
<b>2 FILER NAME</b> Burns, Joel (Mr.)		<b>3 ACCOUNT #</b> (Ethics Commission filers) 00999999	
<b>4 Date</b>  12/10/2010	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Dickey, Bill  <b>6 Contributor address; City; State; Zip Code</b> 9031 SW 9th Dr Portland, OR 97219-4707	<b>7 Amount of contribution (\$)</b>  \$500.00	<b>8 In-kind contribution description (if applicable)</b>          <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
<b>9 Principal occupation / Job title (See Instructions)</b> Owner		<b>10 Employer (See Instructions)</b> Witham and Dickey: Commercial Printing, Direct Mail	
<b>Date</b>  12/09/2010	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Doyle, James  <b>Contributor address; City; State; Zip Code</b> 6 Crested Cloud Ct The Woodlands, TX 77380-2726	<b>Amount of contribution (\$)</b>  \$25.00	<b>In-kind contribution description (if applicable)</b>          <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  11/15/2010	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Drury, Donald  <b>Contributor address; City; State; Zip Code</b> 126 W Flanders Dr Brunswick, GA 31523	<b>Amount of contribution (\$)</b>  \$100.00	<b>In-kind contribution description (if applicable)</b>          <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  12/28/2010	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Dubose, Jim  <b>Contributor address; City; State; Zip Code</b> 2330 Medford Ct E Fort Worth, TX 76109-1131	<b>Amount of contribution (\$)</b>  \$1,000.00	<b>In-kind contribution description (if applicable)</b>          <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
<b>Principal occupation / Job title (See Instructions)</b> Mortgage Banker		<b>Employer (See Instructions)</b> Colonial Savings	
<b>Date</b>  12/28/2010	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Dunaway, James  <b>Contributor address; City; State; Zip Code</b> 500 Alta Dr Fort Worth, TX 76107-1512	<b>Amount of contribution (\$)</b>  \$250.00	<b>In-kind contribution description (if applicable)</b>          <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b> Retired	





# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 13/38 Report: 15/50	
2 FILER NAME Burns, Joel (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00999999	
4 Date  10/15/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hafter, Ann  6 Contributor address; City; State; Zip Code 1417 37th St Sacramento, CA 95816-6701	7 Amount of contribution (\$)  \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date  12/31/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hall, Bill  Contributor address; City; State; Zip Code 2308 Medford Ct W Fort Worth, TX 76109-1137	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Self		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Investments			
Date  12/29/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Halsey, Susan  Contributor address; City; State; Zip Code 3762 Stoney Creek Ct Fort Worth, TX 76116-9336	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Jackson Walker			
Date  12/31/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hammelt, Harold  Contributor address; City; State; Zip Code 2884 Manorwood Trail Fort Worth, TX 76109	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Self			
Date  10/13/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Handler, Daniel  Contributor address; City; State; Zip Code 1565 Masonic Avenue San Francisco, CA 94117	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			







# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 17/38 Report: 19/50	
2 FILER NAME Burns, Joel (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00999999	
4 Date  12/22/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Isgur, Benjamin  6 Contributor address; City; State; Zip Code 3000 Westridge Ave Fort Worth, TX 76116-4649	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Accountant		10 Employer (See Instructions) Price Waterhouse Coopers	
Date  12/20/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Isgur, Stuart  Contributor address; City; State; Zip Code 2025 Huntington Ln Fort Worth, TX 76110-1743	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Agent/RR		Employer (See Instructions) New York Life	
Date  10/27/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jacobs, David  Contributor address; City; State; Zip Code 303 12th St Santa Monica, CA 90402-2013	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Builder		Employer (See Instructions) Self	
Date  10/19/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Johnson, Shana  Contributor address; City; State; Zip Code 1107 Ford Road Lyndhurst, OH 44124	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  10/14/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kahmer, Kim  Contributor address; City; State; Zip Code 1545 Heather Oaks Lane Westlake Village, CA 91361	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1 PAGE #</b> Schedule: 18/38 Report: 20/50	
<b>2 FILER NAME</b> Burns, Joel (Mr.)		<b>3 ACCOUNT #</b> (Ethics Commission filers) 00999999	
<b>4 Date</b>  10/20/2010	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Kana, Barbara  <b>6 Contributor address; City; State; Zip Code</b> 634 Lois St. Kerrville, TX 78028	<b>7 Amount of contribution (\$)</b>  \$250.00	<b>8 In-kind contribution description (if applicable)</b>      <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>
<b>9 Principal occupation / Job title (See Instructions)</b>		<b>10 Employer (See Instructions)</b>	
<b>Date</b>  12/22/2010	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Kaplan, Fred  <b>Contributor address; City; State; Zip Code</b> 75 Stockton Ave Ocean Grove, NJ 07756-1130	<b>Amount of contribution (\$)</b>  \$100.00	<b>In-kind contribution description (if applicable)</b>      <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  11/09/2010	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Kargman, Kimberly  <b>Contributor address; City; State; Zip Code</b> 221 Mt. Auburn St. Cambridge, MA 02138	<b>Amount of contribution (\$)</b>  \$100.00	<b>In-kind contribution description (if applicable)</b>      <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  12/10/2010	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Katz, Leslie  <b>Contributor address; City; State; Zip Code</b> 7 Topaz Way San Francisco, CA 94131-2533	<b>Amount of contribution (\$)</b>  \$100.00	<b>In-kind contribution description (if applicable)</b>      <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  11/15/2010	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Kelly, Gordon  <b>Contributor address; City; State; Zip Code</b> 4724 Winthrop Ave West Fort Worth, TX 76116-8236	<b>Amount of contribution (\$)</b>  \$100.00	<b>In-kind contribution description (if applicable)</b>      <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 19/38 Report: 21/50	
2 FILER NAME Burns, Joel (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00999999	
4 Date  12/15/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kelly Hart & Hallman PAC  6 Contributor address; City; State; Zip Code 201 Main St Ste 2500 Fort Worth, TX 76102-3129	7 Amount of contribution (\$)  \$500.00	8 In-kind contribution description (if applicable)       (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  10/23/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kimberlin, Kenny  Contributor address; City; State; Zip Code 10771 Nashville Dr. Flint, TX 75762	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)       (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  10/21/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kirk, Brandon  Contributor address; City; State; Zip Code 825 N. Hampton Rd. Dallas, TX 75208	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)       (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  12/10/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Klenerl, John  Contributor address; City; State; Zip Code 1741 Johnson Ave NW Apt 101 Washington, DC 20009-7810	Amount of contribution (\$)  \$60.00	In-kind contribution description (if applicable)       (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  12/20/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Krampitz, Thomas  Contributor address; City; State; Zip Code 3420 Potomac Ave Dallas, TX 75205-2228	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)       (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1 PAGE #</b> Schedule: 20/38 Report: 22/50	
<b>2 FILER NAME</b> Burns, Joel (Mr.)		<b>3 ACCOUNT #</b> (Ethics Commission filers) 00999999	
<b>4 Date</b>  10/17/2010	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Kuehn, Danny  <b>6 Contributor address; City; State; Zip Code</b> 901 E Van Buren St # 31058 Phoenix, AZ 85006-4007	<b>7 Amount of contribution (\$)</b>  \$100.00	<b>8 In-kind contribution description (if applicable)</b>          <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>
<b>9 Principal occupation / Job title (See Instructions)</b>		<b>10 Employer (See Instructions)</b>	
<b>Date</b>  12/10/2010	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) LaChey, Mark  <b>Contributor address; City; State; Zip Code</b> 123 S. Main Street Suite 130 Royal Oak, MI 48067	<b>Amount of contribution (\$)</b>  \$100.00	<b>In-kind contribution description (if applicable)</b>          <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  10/15/2010	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Land, Crystal  <b>Contributor address; City; State; Zip Code</b> 1522 Mesquite Wichita Falls, TX 76302	<b>Amount of contribution (\$)</b>  \$10.00	<b>In-kind contribution description (if applicable)</b>          <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  10/14/2010	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Lane, Christoper  <b>Contributor address; City; State; Zip Code</b> 3200 Lake Shore Dr. #1705 Chicago, IL 60613	<b>Amount of contribution (\$)</b>  \$250.00	<b>In-kind contribution description (if applicable)</b>          <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  12/26/2010	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Larson, Jack  <b>Contributor address; City; State; Zip Code</b> 1941 Chatburn Ct Fort Worth, TX 76110-1210	<b>Amount of contribution (\$)</b>  \$500.00	<b>In-kind contribution description (if applicable)</b>          <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b> Attorney		<b>Employer (See Instructions)</b> Mellina & Larson P.C.	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 21/38 Report: 23/50	
<b>2</b> FILER NAME Burns, Joel (Mr.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00999999	
<b>4</b> Date  10/14/2010	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LeBoeuf, Beau  <b>6</b> Contributor address; City; State; Zip Code 1712 Bouldin Ave. Austin, TX 78704	<b>7</b> Amount of contribution (\$)  \$20.00	<b>8</b> In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date  12/10/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lemon, Chrys  Contributor address; City; State; Zip Code 1155 15th St NW Ste 1101 Washington, DC 20005-2739	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) McIntyre&Lemon	
Date  10/14/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lemon, Vernon  Contributor address; City; State; Zip Code 3637 Goodhope St. Houston, TX 77021	Amount of contribution (\$)  \$5.00	In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  10/21/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Leone, Michael  Contributor address; City; State; Zip Code 5073 Indian Bend Road Oshkosh, WI 54904	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  12/17/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Louden, G. Malcom  Contributor address; City; State; Zip Code 709 Alta Dr Fort Worth, TX 76107	Amount of contribution (\$)  \$5,000.00	In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Walsh Holdings LLC	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1 PAGE #</b> Schedule: 22/38 Report: 24/50	
<b>2 FILER NAME</b> Burns, Joel (Mr.)		<b>3 ACCOUNT #</b> (Ethics Commission filers) 00999999	
<b>4 Date</b>  12/20/2010	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Lowry and Lisa Lowry, Bruce (Dr.) <hr/> <b>6 Contributor address; City; State; Zip Code</b> 1208 Mistletoe Drive Fort Worth, TX 76110	<b>7 Amount of contribution (\$)</b>  \$10,000.00	<b>8 In-kind contribution description (if applicable)</b>      
<b>9 Principal occupation / Job title (See Instructions)</b> Radiologist		<b>10 Employer (See Instructions)</b> Radiology Associates of Tarrant County	
<b>Date</b>  12/09/2010	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Mahlowitz, Robert <hr/> <b>Contributor address; City; State; Zip Code</b> 2488 Historic Decatur Rd Ste 200 San Diego, CA 92106-6134	<b>Amount of contribution (\$)</b>  \$200.00	<b>In-kind contribution description (if applicable)</b>      
<b>Principal occupation / Job title (See Instructions)</b> Mediator & Attorney		<b>Employer (See Instructions)</b> Mahlowitz Law and Mediation	
<b>Date</b>  12/27/2010	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Mallick, Michael <hr/> <b>Contributor address; City; State; Zip Code</b> 3715 Camp Bowie Blvd. Fort Worth, TX 76107	<b>Amount of contribution (\$)</b>  \$2,500.00	<b>In-kind contribution description (if applicable)</b>      
<b>Principal occupation / Job title (See Instructions)</b> Real Estate Developer		<b>Employer (See Instructions)</b> Primary Realty Group	
<b>Date</b>  12/21/2010	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Malone, Tom (Mr.) <hr/> <b>Contributor address; City; State; Zip Code</b> 814 Pennsylvania Fort Worth, TX 76104	<b>Amount of contribution (\$)</b>  \$500.00	<b>In-kind contribution description (if applicable)</b>      
<b>Principal occupation / Job title (See Instructions)</b> Architect		<b>Employer (See Instructions)</b> TMA Architects	
<b>Date</b>  10/30/2010	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) May, Dennis <hr/> <b>Contributor address; City; State; Zip Code</b> 4026 West Hartford Ave Glendale, AZ 85308	<b>Amount of contribution (\$)</b>  \$100.00	<b>In-kind contribution description (if applicable)</b>      
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 24/38 Report: 26/50	
2 FILER NAME Burns, Joel (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00999999	
4 Date  10/15/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Milliken, Michael  6 Contributor address; City; State; Zip Code 3532 Cedarplaza Ln Dallas, TX 75209	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date  10/14/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mireles, Liliana  Contributor address; City; State; Zip Code 3004 LaFayette Austin, TX 78722	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  08/27/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mitchell, Kelly  Contributor address; City; State; Zip Code 7240 Chase Oaks Blvd Plano, TX 75025-5901	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  10/14/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mitchell, Ted  Contributor address; City; State; Zip Code 6526 Ivyglen Dr. Dallas, TX 75254	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  12/20/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Moore, Iris  Contributor address; City; State; Zip Code 201 Main St. Ste. 3200 Fort Worth, TX 76102	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Lee M. Bass Inc.		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) President & CEO			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>			<b>1 PAGE #</b> Schedule: 25/38 Report: 27/50	
<b>2 FILER NAME</b> Burns, Joel (Mr.)			<b>3 ACCOUNT #</b> (Ethics Commission filers) 00999999	
<b>4 Date</b>  10/18/2010	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Morgan, John ----- <b>6 Contributor address; City; State; Zip Code</b> Stately Morgan Manor 1905 Hillcrest Street Fort Worth, TX 76107	<b>7 Amount of contribution (\$)</b>  \$15.00	<b>8 In-kind contribution description (if applicable)</b>  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>9 Principal occupation / Job title (See Instructions)</b>			<b>10 Employer (See Instructions)</b>	
<b>Date</b>  12/10/2010	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Muller, Tiffany ----- <b>Contributor address; City; State; Zip Code</b> PO Box 16323 Fernandina Beach, FL 32035-3123	<b>Amount of contribution (\$)</b>  \$250.00	<b>In-kind contribution description (if applicable)</b>  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>Principal occupation / Job title (See Instructions)</b>			<b>Employer (See Instructions)</b>	
<b>Date</b>  11/21/2010	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Nash, Richard ----- <b>Contributor address; City; State; Zip Code</b> 7 Drought Cross San Antonio, TX 78240	<b>Amount of contribution (\$)</b>  \$10.00	<b>In-kind contribution description (if applicable)</b>  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>Principal occupation / Job title (See Instructions)</b>			<b>Employer (See Instructions)</b>	
<b>Date</b>  10/23/2010	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Navarro, Jose ----- <b>Contributor address; City; State; Zip Code</b> 15800 Highway 3 Apt. 833 Webster, TX 77598	<b>Amount of contribution (\$)</b>  \$20.00	<b>In-kind contribution description (if applicable)</b>  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>Principal occupation / Job title (See Instructions)</b>			<b>Employer (See Instructions)</b>	
<b>Date</b>  12/30/2010	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Nixon, Charles ----- <b>Contributor address; City; State; Zip Code</b> 104 Crestwood Dr Fort Worth, TX 76107-1136	<b>Amount of contribution (\$)</b>  \$250.00	<b>In-kind contribution description (if applicable)</b>  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>Principal occupation / Job title (See Instructions)</b> Jacobs			<b>Employer (See Instructions)</b> Architect	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 26/38 Report: 28/50	
2 FILER NAME Burns, Joel (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00999999	
4 Date  10/13/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nogasky, Megan  6 Contributor address; City; State; Zip Code 3646 N. Hermitage Apt. 3 Chicago, IL 60613	7 Amount of contribution (\$)  \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  10/15/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Noll, Ronald  Contributor address; City; State; Zip Code 6975 Pfeil Rd Schertz, TX 78154	Amount of contribution (\$)  \$10.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  10/19/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) O'Brien, James  Contributor address; City; State; Zip Code 300 Front St #211 Pawtucket, RI 02860	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  10/25/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Osterman, Debra  Contributor address; City; State; Zip Code 12919 Vivienne Westmoreland Dr Cypress, TX 77429-6884	Amount of contribution (\$)  \$30.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  10/19/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Palazzolo, Carol  Contributor address; City; State; Zip Code 8617 Nichols Way North Richland Hills, TX 76180	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 27/38 Report: 29/50	
<b>2</b> FILER NAME Burns, Joel (Mr.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00999999	
<b>4</b> Date  10/15/2010	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Patchen, Thomas  ..... <b>6</b> Contributor address; City; State; Zip Code 5136 7th Court South Birmingham, AL 35212	<b>7</b> Amount of contribution (\$)  \$100.00  ..... <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date  11/15/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Paul, Alex  ..... Contributor address; City; State; Zip Code 19 Moss Ave. Oakland, CA 94610-1314	Amount of contribution (\$)  \$100.00  ..... <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  10/14/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Percy, Derek  ..... Contributor address; City; State; Zip Code 1035 Filbert Street San Francisco, CA 94133	Amount of contribution (\$)  \$100.00  ..... <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  10/15/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pence, Irene  ..... Contributor address; City; State; Zip Code 17531 Woods Edge Dr Dallas, TX 75287-7545	Amount of contribution (\$)  \$50.00  ..... <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  12/11/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Phillips, Kevin  ..... Contributor address; City; State; Zip Code 1101 Juniper St NE Apt 704 Atlanta, GA 30309-7659	Amount of contribution (\$)  \$100.00  ..... <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	





# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 30/38 Report: 32/50	
2 FILER NAME Burns, Joel (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00999999	
4 Date  10/18/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Renzulli, Jeff  6 Contributor address; City; State; Zip Code 1276 N. Wayne Street 924 Arlington, VA 22201	7 Amount of contribution (\$)  \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  10/13/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reveles, Eduardo  Contributor address; City; State; Zip Code 3235 Hueco El Paso, TX 79903	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  10/20/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reynolds, Mark  Contributor address; City; State; Zip Code 14 Aztec Street San Francisco, CA 94110	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  10/20/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rolly, Luanne  Contributor address; City; State; Zip Code 1000 NE Circle Blvd. Corvallis, OR 97330	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  12/14/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Santiago, Felix  Contributor address; City; State; Zip Code 178 E 80th St Apt 20F New York, NY 10075-0453	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			





# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 33/38 Report: 35/50	
2 FILER NAME Burns, Joel (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00999999	
4 Date  10/15/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Small, Jason  6 Contributor address; City; State; Zip Code 9344 Bernoulli Dr Austin, TX 78748-5039	7 Amount of contribution (\$)  \$20.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  12/31/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smart, Samuel III  Contributor address; City; State; Zip Code 4025 Inwood Rd Fort Worth, TX 76109-2604	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date  12/10/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smiley, Brett  Contributor address; City; State; Zip Code 89 Angell St Providence, RI 02906-1217	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) Campaign Finance Officers LLC	
Date  12/10/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smiley, Brett  Contributor address; City; State; Zip Code 154 Arlington Ave Providence, RI 02906-2330	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  11/19/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Adena  Contributor address; City; State; Zip Code 541 Lorraine Blvd. Los Angeles, CA 90020	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1 PAGE #</b> Schedule: 35/38 Report: 37/50	
<b>2 FILER NAME</b> Burns, Joel (Mr.)		<b>3 ACCOUNT #</b> (Ethics Commission filers) 00999999	
<b>4 Date</b>  10/15/2010	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Strunk, Ivey  <b>6 Contributor address; City; State; Zip Code</b> 4233 Columbine Dr. Austin, TX 78727	<b>7 Amount of contribution (\$)</b>  \$100.00	<b>8 In-kind contribution description (if applicable)</b>    <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
<b>9 Principal occupation / Job title (See Instructions)</b>		<b>10 Employer (See Instructions)</b>	
<b>Date</b>  12/10/2010	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Tepley, Peter  <b>Contributor address; City; State; Zip Code</b> 4160 Indian Valley Rd Birmingham, AL 35217-4601	<b>Amount of contribution (\$)</b>  \$500.00	<b>In-kind contribution description (if applicable)</b>    <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self	
<b>Date</b>  11/01/2010	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) The Chadderdon Group  <b>Contributor address; City; State; Zip Code</b> 107 E. Windsor Avenue Alexandria, VA 22301	<b>Amount of contribution (\$)</b>  \$2,022.04	<b>In-kind contribution description (if applicable)</b> Google Ads for Joelburns.com   <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>Date</b>  12/31/2010	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Thomas, Lisa  <b>Contributor address; City; State; Zip Code</b> 2214 Fairmount Ave Fort Worth, TX 76110	<b>Amount of contribution (\$)</b>  \$100.00	<b>In-kind contribution description (if applicable)</b>    <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>Date</b>  10/15/2010	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Tognacci, Gene  <b>Contributor address; City; State; Zip Code</b> 11535 Meadowlake Houston, TX 77077	<b>Amount of contribution (\$)</b>  \$50.00	<b>In-kind contribution description (if applicable)</b>    <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 37/38 Report: 39/50	
<b>2</b> FILER NAME Burns, Joel (Mr.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00999999	
<b>4</b> Date  10/14/2010	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wariner, Linda  ..... <b>6</b> Contributor address; City; State; Zip Code 2301 Greenbriar Court Grand Prairie, TX 75050	<b>7</b> Amount of contribution (\$)  \$100.00	<b>8</b> In-kind contribution description (if applicable)         <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date  12/30/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Watterson, Ralph  ..... Contributor address; City; State; Zip Code 1801 College Ave Fort Worth, TX 76110-1448	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)         <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Old Home Supply	
Date  10/30/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Webb, Joseph  ..... Contributor address; City; State; Zip Code 2611 Ross Ave. 4011 Dallas, TX 75201	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)         <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  12/10/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Weiner, Heather  ..... Contributor address; City; State; Zip Code 2048 13th Ave W Apt 8 Seattle, WA 98119-2753	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)         <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  10/19/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Westerman, Louis  ..... Contributor address; City; State; Zip Code 5818 Morningside Ave Dallas, TX 75206	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)         <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	



**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 1/10 Report: 41/50	<b>2</b> FILER NAME Burns, Joel (Mr.)	<b>3</b> ACCOUNT # (TEC filers) 00999999
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<b>4</b> Date 09/28/2010	<b>5</b> Payee name AMM Political Strategies
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<b>6</b> Amount (\$) \$243.65	<b>7</b> Payee address City; State; Zip Code 507 N Sylvania Ave Fort Worth, TX 76111-2317
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Phone Voter Contact
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 12/20/2010	Payee name AT&T Center for the Performing Arts
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Amount (\$) \$175.00	Payee address City; State; Zip Code 2403 Flora St Dallas, TX 75201-2415
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Thank you gifts for volunteers
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 08/19/2010	Payee name Best Buy
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Amount (\$) \$541.24	Payee address City; State; Zip Code 869 NE Mall Blvd Hurst, TX 76053-4654
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Software for Office
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 11/24/2010	Payee name Borders
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Amount (\$) \$126.80	Payee address City; State; Zip Code 4601 W. 130 Fort Worth, TX 76107
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Books to donate to Cowboy Santa program
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 2/10 Report: 42/50	<b>2 FILER NAME</b> Burns, Joel (Mr.)	<b>3 ACCOUNT # (TEC filers)</b> 00999999
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<b>4 Date</b> 11/03/2010	<b>5 Payee name</b> Camina, Robert
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<b>6 Amount (\$)</b> \$500.00	<b>7 Payee address</b> City; State; Zip Code 5400 Preston Oaks Rd Apt 4034 Dallas, TX 75254-8483
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<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Consulting Expense	<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advance work for press conference.
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 10/11/2010	<b>Payee name</b> Candlelight Christmas Ryan Place
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<b>Amount (\$)</b> \$250.00	<b>Payee address</b> City; State; Zip Code PO Box 11816 Fort Worth, TX 76110-0816
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Ad in the Ryan Place Christmas brochure.
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 10/14/2010	<b>Payee name</b> Central Market
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<b>Amount (\$)</b> \$54.07	<b>Payee address</b> City; State; Zip Code 4651 West Fwy Fort Worth, TX 76107-5489
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Event Expense	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Food and beverage for neighborhood meeting.
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 07/12/2010	<b>Payee name</b> Civic Strategies
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<b>Amount (\$)</b> \$330.21	<b>Payee address</b> City; State; Zip Code 1201 W Park Row Dr Arlington, TX 76013-3602
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing of campaign Tshirts.
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 3/10 Report: 43/50		<b>2 FILER NAME</b> Burns, Joel (Mr.)		<b>3 ACCOUNT # (TEC filers)</b> 00999999	
<b>4 Date</b> 10/28/2010	<b>5 Payee name</b> Community Hospice of Texas				
<b>6 Amount (\$)</b> \$100.00	<b>7 Payee address</b> City; State; Zip Code 1111 Summit Ave Fort Worth, TX 76102-3425				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category (See Categories listed at the top of this schedule)</b> Gifts/Awards/Memorials Expense		<b>(b) Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Memorial Donation		
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 09/07/2010	<b>Payee name</b> Constant Contact				
<b>Amount (\$)</b> \$81.19	<b>Payee address</b> City; State; Zip Code 1601 Trapelo Rd Ste 329 Waltham, MA 02451-7357				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Email Service		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 07/02/2010	<b>Payee name</b> El Puerto Restaurant 2				
<b>Amount (\$)</b> \$219.50	<b>Payee address</b> City; State; Zip Code 2621 Hemphill St Fort Worth, TX 76110-3208				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Food and beverage for campaign event.		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 10/14/2010	<b>Payee name</b> El Rio Grande Supermercado				
<b>Amount (\$)</b> \$13.04	<b>Payee address</b> City; State; Zip Code 3037 South Fwy Fort Worth, TX 76104-7234				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Food and beverage for neighborhood meeting.		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 4/10 Report: 44/50		<b>2 FILER NAME</b> Burns, Joel (Mr.)		<b>3 ACCOUNT # (TEC filers)</b> 00999999	
<b>4 Date</b> 12/01/2010		<b>5 Payee name</b> First Data Merchant Services			
<b>6 Amount (\$)</b> \$6.15		<b>7 Payee address City; State; Zip Code</b> PO Box 6600 Hagerstown, MD 21741-6600			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category (See Categories listed at the top of this schedule)</b> Fees		<b>(b) Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Merchant Service Fees	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 12/07/2010		<b>Payee name</b> Flowers on the Square			
<b>Amount (\$)</b> \$432.88		<b>Payee address City; State; Zip Code</b> 2110 Westbank Landing Fort Worth, TX 76107			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Gifts/Awards/Memorials Expense		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Flowers for campaign volunteers	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 09/29/2010		<b>Payee name</b> Fort Worth Star Telegram			
<b>Amount (\$)</b> \$227.40		<b>Payee address City; State; Zip Code</b> 400 West 7th Street Fort Worth, TX 76102-4793			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Fees		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Subscription for office	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 10/12/2010		<b>Payee name</b> Fuzzy's Taco Shop			
<b>Amount (\$)</b> \$216.58		<b>Payee address City; State; Zip Code</b> 2917 W Berry St Fort Worth, TX 76109-2307			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Event Expense		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Food and beverage for neighborhood event.	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought:	Office held:

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 5/10 Report: 45/50		<b>2 FILER NAME</b> Burns, Joel (Mr.)		<b>3 ACCOUNT # (TEC filers)</b> 00999999	
<b>4 Date</b> 12/31/2010	<b>5 Payee name</b> Graphics 2				
<b>6 Amount (\$)</b> \$4,680.93	<b>7 Payee address</b> City; State; Zip Code 507 South Main Street Fort Worth, TX 76104				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Printing Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing of greeting cards		
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 12/20/2010	<b>Payee name</b> King Korn				
<b>Amount (\$)</b> \$300.39	<b>Payee address</b> City; State; Zip Code 3900 W Vickery Blvd Fort Worth, TX 76107-5626				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Holiday gifts for Councilmembers		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 09/29/2010	<b>Payee name</b> Landmark Education				
<b>Amount (\$)</b> \$485.00	<b>Payee address</b> City; State; Zip Code 4901 Spring Valley Rd Dallas, TX 75244-3908				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Fees		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Employee Training		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 09/27/2010	<b>Payee name</b> Lori Ferber Political Collectibles				
<b>Amount (\$)</b> \$67.90	<b>Payee address</b> City; State; Zip Code 12165 N 102nd St Scottsdale, AZ 85260-5931				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Acknowledgement for supporter		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 6/10 Report: 46/50		<b>2 FILER NAME</b> Burns, Joel (Mr.)		<b>3 ACCOUNT # (TEC filers)</b> 00999999	
<b>4 Date</b> 10/07/2010		<b>5 Payee name</b> Masonic Temple Library & Museum of Fort Worth			
<b>6 Amount (\$)</b> \$1,875.00		<b>7 Payee address City; State; Zip Code</b> 1100 Henderson St Fort Worth, TX 76102-4521			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category (See Categories listed at the top of this schedule)</b> Event Expense		<b>(b) Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Deposit for venue.	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 07/06/2010		<b>Payee name</b> NGP Software Inc.			
<b>Amount (\$)</b> \$610.00		<b>Payee address City; State; Zip Code</b> 1225 I St NW Suite 1225 Washington, DC 20005-3914			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Fees		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Database management software.	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 10/04/2010		<b>Payee name</b> NGP Software Inc.			
<b>Amount (\$)</b> \$610.00		<b>Payee address City; State; Zip Code</b> 1225 I St NW Suite 1225 Washington, DC 20005-3914			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Fees		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Database management software.	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 12/20/2010		<b>Payee name</b> Office Depot			
<b>Amount (\$)</b> \$123.36		<b>Payee address City; State; Zip Code</b> 401 Carroll St Fort Worth, TX 76107-2245			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Solicitation/Fundraising Expense		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Supplies for fundraising mailer.	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 7/10 Report: 47/50		<b>2 FILER NAME</b> Burns, Joel (Mr.)		<b>3 ACCOUNT # (TEC filers)</b> 00999999	
<b>4 Date</b> 10/01/2010	<b>5 Payee name</b> PayPal				
<b>6 Amount (\$)</b> \$525.68	<b>7 Payee address</b> City; State; Zip Code PO Box 45950 Omaha, NE 68145-0950				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Fees		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Online contribution fees		
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 11/01/2010	<b>Payee name</b> PayPal				
<b>Amount (\$)</b> \$69.28	<b>Payee address</b> City; State; Zip Code PO Box 45950 Omaha, NE 68145-0950				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Online contribution fees		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 12/01/2010	<b>Payee name</b> PayPal				
<b>Amount (\$)</b> \$72.81	<b>Payee address</b> City; State; Zip Code PO Box 45950 Omaha, NE 68145-0950				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Online contribution fees		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 09/29/2010	<b>Payee name</b> Plaxo Inc.				
<b>Amount (\$)</b> \$59.95	<b>Payee address</b> City; State; Zip Code 203 Ravendale Dr Mountain View, CA 94043-5216				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Software for campaign office.		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 8/10 Report: 48/50		<b>2 FILER NAME</b> Burns, Joel (Mr.)		<b>3 ACCOUNT # (TEC filers)</b> 00999999	
<b>4 Date</b> 07/13/2010	<b>5 Payee name</b> Rodriguez, Richard				
<b>6 Amount (\$)</b> \$225.00	<b>7 Payee address City; State; Zip Code</b> 2450 Highway 121 Apt 708 Bedford, TX 76021-5145				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category (See Categories listed at the top of this schedule)</b> Fees		<b>(b) Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Campaign photography services		
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 09/13/2010	<b>Payee name</b> Roy C. Brooks Campaign				
<b>Amount (\$)</b> \$50.00	<b>Payee address City; State; Zip Code</b> P.O. Box 16868 Fort Worth, TX 76162-0868				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b> Contributions/Donations Made By Candidate/Officeholder/Political Committee		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Campaign Contribution		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 07/06/2010	<b>Payee name</b> Sonic Drive-In				
<b>Amount (\$)</b> \$14.34	<b>Payee address City; State; Zip Code</b> 6217 Camp Bowie Blvd Fort Worth, TX 76116-5524				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b> Event Expense		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Ice for campaign event		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 12/20/2010	<b>Payee name</b> Staples				
<b>Amount (\$)</b> \$10.83	<b>Payee address City; State; Zip Code</b> 1600 S University Dr Fort Worth, TX 76107-6558				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b> Solicitation/Fundraising Expense		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Supplies for fundraising mailer		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 9/10 Report: 49/50		<b>2 FILER NAME</b> Burns, Joel (Mr.)		<b>3 ACCOUNT # (TEC filers)</b> 00999999	
<b>4 Date</b> 11/30/2010		<b>5 Payee name</b> Starbucks			
<b>6 Amount (\$)</b> \$143.70		<b>7 Payee address</b> City; State; Zip Code 2600 W 7th St Fort Worth, TX 76107-2244			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category</b> (See Categories listed at the top of this schedule) Event Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Hot chocolate for District event.	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 09/29/2010		<b>Payee name</b> Taverna			
<b>Amount (\$)</b> \$70.95		<b>Payee address</b> City; State; Zip Code 450 Throckmorton St Fort Worth, TX 76102-3736			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Food/Beverage Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Pizza for volunteers	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 12/20/2010		<b>Payee name</b> Taverna			
<b>Amount (\$)</b> \$37.85		<b>Payee address</b> City; State; Zip Code 450 Throckmorton St Fort Worth, TX 76102-3736			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Food/Beverage Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Pizza for volunteers	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 11/04/2010		<b>Payee name</b> Tom Thumb			
<b>Amount (\$)</b> \$65.78		<b>Payee address</b> City; State; Zip Code 6377 Camp Bowie Blvd Fort Worth, TX 76116-5473			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Event Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Food and Beverage for campaign event.	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel in District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 10/10 Report: 50/50		<b>2 FILER NAME</b> Burns, Joel (Mr.)		<b>3 ACCOUNT # (TEC filers)</b> 00999999	
<b>4 Date</b> 12/20/2010		<b>5 Payee name</b> U.S. Post Office			
<b>6 Amount (\$)</b> \$440.00		<b>7 Payee address City; State; Zip Code</b> 2600 8th Ave Fort Worth, TX 76110-3051			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category (See Categories listed at the top of this schedule)</b> Solicitation/Fundraising Expense		<b>(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/></b> Postage for fundraising mailer	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 11/26/2010		<b>Payee name</b> WalMart			
<b>Amount (\$)</b> \$349.73		<b>Payee address City; State; Zip Code</b> 3851 Airport Fwy Fort Worth, TX 76111-5906			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Event Expense		<b>Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/></b> Christmas lights and supplies for Christmas Parade	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 09/29/2010		<b>Payee name</b> World Market			
<b>Amount (\$)</b> \$291.71		<b>Payee address City; State; Zip Code</b> 4701 West Fwy Fort Worth, TX 76107-5497			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Contributions/Donations Made By Candidate/Officeholder/Political Committee		<b>Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/></b> Contribution for auction at Alice Carlson Elementary	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought:	Office held: