

OFFICIAL RECORD  
CITY OF FORT WORTH, TEXAS

**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)  
11122211

**2 PAGE #**  
1 of 18

**3 CANDIDATE / OFFICEHOLDER NAME**

MS / MRS / MR Mr. FIRST Joel MI  
NICKNAME LAST Burns SUFFIX

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
P.O. Box 12663  
Fort Worth, TX 76110  
 Change of Address

**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**

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)

**9 PERIOD COVERED**

Month Day Year THROUGH Month Day Year  
07/01/2012 12/31/2012

**10 ELECTION**

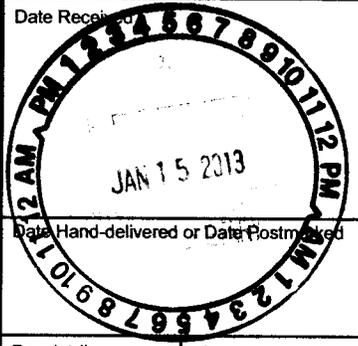
ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  General  Special  
05/11/2013

**11 OFFICE**

OFFICE HELD (if any)  
City Councilman District 9

**12 OFFICE SOUGHT (if known)**  
City Councilman District 9

**OFFICE USE ONLY**

Date Received: 

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

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

14 ACCOUNT # (Ethics Commission filers)  
11122211

### 15 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. ..

COMMITTEE TYPE

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

### 16 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 23,225.00

### EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 0.00

4. TOTAL POLITICAL EXPENDITURES \$ 4,990.66

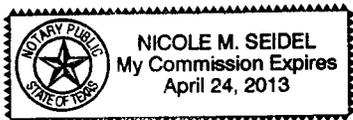
### CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 54,028.55

### OUTSTANDING LOAN TOTALS

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

### 17 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 15<sup>th</sup> day of January, 20 13, 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

Notary  
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: 1/6 Report: 3/18	
<b>2 FILER NAME</b> Burns, Joel (Mr.)		<b>3 ACCOUNT #</b> (Ethics Commission filers) 11122211	
<b>4 Date</b>  12/31/2012	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Abrams, Dick  <b>6 Contributor address; City; State; Zip Code</b> 6145 Wedgwood Dr Fort Worth, TX 76133-2768	<b>7 Amount of contribution (\$)</b>  \$1,000.00	<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> Executive		<b>10 Employer (See Instructions)</b> First National	
<b>Date</b>  12/22/2012	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Adams, Robert  <b>Contributor address; City; State; Zip Code</b> 2216 Huntington Lane Fort Worth, TX 76110	<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> Architect		<b>Employer (See Instructions)</b> Retired	
<b>Date</b>  12/31/2012	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Atkinson, Steve  <b>Contributor address; City; State; Zip Code</b> 5926 Tree Shadow Trl Dallas, TX 75252-5104	<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> Realtor		<b>Employer (See Instructions)</b> Self	
<b>Date</b>  12/31/2012	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Blake, Andrew (Mr.)  <b>Contributor address; City; State; Zip Code</b> 500 W 7th St Ste 1213 Fort Worth, TX 76102-4734	<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> Real Estate Development		<b>Employer (See Instructions)</b> Presidio Interests, LLC	
<b>Date</b>  08/23/2012	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Byrd, Lance  <b>Contributor address; City; State; Zip Code</b> 1000 Foch St Ste 110 Fort Worth, TX 76107-2990	<b>Amount of contribution (\$)</b>  \$1,000.00	<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> President		<b>Employer (See Instructions)</b> Sendero Energy	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/6 Report: 4/18	
2 FILER NAME Burns, Joel (Mr.)		3 ACCOUNT # (Ethics Commission filers) 11122211	
4 Date  11/27/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Campbell, Mack  6 Contributor address; City; State; Zip Code 1551 Oak Lawn Ave Apt 365 Dallas, TX 75207-3683	7 Amount of contribution (\$)  \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Fundraising		10 Employer (See Instructions) Resource Center Dallas	
Date  12/27/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cantey Hanger LLP  Contributor address; City; State; Zip Code 600 W 6th St Ste 300 Fort Worth, TX 76102-3685	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  12/29/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Culver, Lezlie (Mrs.)  Contributor address; City; State; Zip Code 2717 Manorwood Trl Fort Worth, TX 76109-5589	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) None	
Date  11/08/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cunningham, Mike  Contributor address; City; State; Zip Code 401 Misty Ridge Ln Weatherford, TX 76085-8332	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) CTC, Inc.		Employer (See Instructions) COO/CFO	
Date  12/28/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DeMoss, Margaret III (Mrs.)  Contributor address; City; State; Zip Code 2600 W 7th St Apt 2644 Fort Worth, TX 76107	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) N/A	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 3/6 Report: 5/18	
<b>2</b> FILER NAME Burns, Joel (Mr.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 11122211	
<b>4</b> Date 12/28/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Evans, Barbara (Dr.)  <b>6</b> Contributor address; City; State; Zip Code 3809 Crestline Road Fort Worth, TX 76107	<b>7</b> Amount of contribution (\$) \$250.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions) Consultant		<b>10</b> Employer (See Instructions) Chowning & Associates	
<b>4</b> Date 12/31/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Greenhill, Bill (Mr.)  <b>6</b> Contributor address; City; State; Zip Code 1608 Ashland Avenue Fort Worth, TX 76107	<b>7</b> Amount of contribution (\$) \$250.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions) Attorney		<b>10</b> Employer (See Instructions) Haynes and Boone, LLP	
<b>4</b> Date 12/27/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Isgur, Benjamin (Mr.)  <b>6</b> Contributor address; City; State; Zip Code 2704 Stone Oak Dr Fort Worth, TX 76109-9598	<b>7</b> Amount of contribution (\$) \$250.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions) Accountant		<b>10</b> Employer (See Instructions) Price Waterhouse Coopers	
<b>4</b> Date 08/23/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jacobs, David  <b>6</b> Contributor address; City; State; Zip Code 303 12th St Santa Monica, CA 90402-2013	<b>7</b> Amount of contribution (\$) \$1,000.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions) Builder		<b>10</b> Employer (See Instructions) Self	
<b>4</b> Date 12/23/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Johnson, Eric  <b>6</b> Contributor address; City; State; Zip Code 3525 Turtle Creek Blvd Apt 11AB Dallas, TX 75219-5513	<b>7</b> Amount of contribution (\$) \$250.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions) Teacher		<b>10</b> Employer (See Instructions) Dallas ISD	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1 PAGE #</b> Schedule: 4/6 Report: 6/18	
<b>2 FILER NAME</b> Burns, Joel (Mr.)		<b>3 ACCOUNT #</b> (Ethics Commission filers) 11122211	
<b>4 Date</b>  12/31/2012	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Karotkin, Alden  <b>6 Contributor address; City; State; Zip Code</b> 4759 Overton Woods Dr Fort Worth, TX 76109-2420	<b>7 Amount of contribution (\$)</b>  \$250.00	<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> Realtor		<b>10 Employer (See Instructions)</b> Virginia Cook	
<b>Date</b>  12/31/2012	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Kline, Steve and Susan  <b>Contributor address; City; State; Zip Code</b> 2421 Shirley Avenue Fort Worth, TX 76109	<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> GSA/Self		<b>Employer (See Instructions)</b> Architect/Historian	
<b>Date</b>  12/31/2012	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Kramer, David (Mr.)  <b>Contributor address; City; State; Zip Code</b> 3732 Cresthaven Ter Fort Worth, TX 76107-1016	<b>Amount of contribution (\$)</b>  \$500.00	<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> Sr VP		<b>Employer (See Instructions)</b> Republic Title	
<b>Date</b>  12/10/2012	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Lowry, Bruce (Dr.)  <b>Contributor address; City; State; Zip Code</b> 1208 Mistletoe Drive Fort Worth, TX 76110	<b>Amount of contribution (\$)</b>  \$10,000.00	<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> Radiologist		<b>Employer (See Instructions)</b> Radiology Associates of Tarrant County	
<b>Date</b>  07/25/2012	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Pagliara, Timothy  <b>Contributor address; City; State; Zip Code</b> 3000 Meridian Blvd Ste 250 Franklin, TN 37067-6396	<b>Amount of contribution (\$)</b>  \$1,000.00	<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> Chairman, CEO		<b>Employer (See Instructions)</b> Capwealth Advisors	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 5/6 Report: 7/18	
<b>2</b> FILER NAME Burns, Joel (Mr.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 11122211	
<b>4</b> Date  12/31/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Platner, Kert  <b>6</b> Contributor address; City; State; Zip Code 6514 Anita St Dallas, TX 75214	<b>7</b> Amount of contribution (\$)  \$1,000.00	<b>8</b> In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Entrepreneur		<b>10</b> Employer (See Instructions) Times Ten Cellars	
<b>4</b> Date  12/26/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reilly, Mike (Mr.)  <b>6</b> Contributor address; City; State; Zip Code 1017 S. FM Road 5 Aledo, TX 76008	<b>7</b> Amount of contribution (\$)  \$500.00	<b>8</b> In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Real Estate Investments		<b>10</b> Employer (See Instructions) Reilly Brothers Property, Co.	
<b>4</b> Date  12/27/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rogers, John  <b>6</b> Contributor address; City; State; Zip Code 3927 Bowser Ave. Apt. E Dallas, TX 75219	<b>7</b> Amount of contribution (\$)  \$25.00	<b>8</b> In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Assistant City Attorney		<b>10</b> Employer (See Instructions) City of Dallas	
<b>4</b> Date  09/09/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Santiago, Felix  <b>6</b> Contributor address; City; State; Zip Code 178 E 80th St New York, NY 10075-0450	<b>7</b> Amount of contribution (\$)  \$50.00	<b>8</b> In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Physician		<b>10</b> Employer (See Instructions) NYU Medical Center	
<b>4</b> Date  12/31/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tilley, Rice Jr.  <b>6</b> Contributor address; City; State; Zip Code 9975 Boat Club Rd Fort Worth, TX 76179-4008	<b>7</b> Amount of contribution (\$)  \$50.00	<b>8</b> In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		<b>10</b> Employer (See Instructions) Haynes & Boone LLP	



# 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: 1/9 Report: 9/18	<b>2</b> FILER NAME Burns, Joel (Mr.)	<b>3</b> ACCOUNT # (TEC filers) 11122211
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<b>4</b> Date 11/06/2012	<b>5</b> Payee name Albertsons Westcliff Market
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<b>6</b> Amount (\$) \$89.78	<b>7</b> Payee address City; State; Zip Code 3563 Alton Road Fort Worth, TX 76109
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Cookies for Poll Judges
---	--	--

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 07/09/2012	Payee name American Airlines
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Amount (\$) \$659.60	Payee address City; State; Zip Code 1217 Main St Dallas, TX 75202-3908
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Travel Out Of District	Description (If travel outside of Texas, complete Schedule T) <input checked="" type="checkbox"/> (See travel info on Schedule T)
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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 11/23/2012	Payee name Auto Zone
--------------------	-------------------------

Amount (\$) \$236.80	Payee address City; State; Zip Code 2900 W. Cleburne Rd. Fort Worth, TX 76110
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<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"/> Supplies for Parade Vehicle for Parade of Lights
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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 08/13/2012	Payee name City Club
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Amount (\$) \$222.15	Payee address City; State; Zip Code 301 Commerce Street 3rd Floor Fort Worth, TX 76102
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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"/> Thursday Morning Breakfast Association Dues
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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</b> PAGE # Schedule: 2/9 Report: 10/18	<b>2</b> FILER NAME Burns, Joel (Mr.)	<b>3</b> ACCOUNT # (TEC filers) 11122211
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<b>4</b> Date 07/09/2012	<b>5</b> Payee name Dreamhost
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<b>6</b> Amount (\$) \$9.95	<b>7</b> Payee address City; State; Zip Code PMB #257 417 Associated Rd. Brea, CA 92821
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Website host fee
---------------------------------	--	---

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 08/09/2012	Payee name Dreamhost
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Amount (\$) \$9.95	Payee address City; State; Zip Code PMB #257 417 Associated Rd. Brea, CA 92821
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Website host fee
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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 07/16/2012	Payee name FedEx Corporation
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Amount (\$) \$95.42	Payee address City; State; Zip Code 109 N. Chandler Drive Fort Worth, TX 76111
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PURPOSE OF EXPENDITURE	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"/> Shipping costs
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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 07/19/2012	Payee name FedEx Corporation
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Amount (\$) \$67.42	Payee address City; State; Zip Code 109 N. Chandler Drive Fort Worth, TX 76111
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PURPOSE OF EXPENDITURE	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"/> Shipping costs
------------------------	--	--

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</b> PAGE # Schedule: 3/9 Report: 11/18	<b>2</b> FILER NAME Burns, Joel (Mr.)	<b>3</b> ACCOUNT # (TEC filers) 11122211
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<b>4</b> Date 11/23/2012	<b>5</b> Payee name Fiesta Mart
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<b>6</b> Amount (\$) \$21.37	<b>7</b> Payee address City; State; Zip Code 2700 8th Avenue Fort Worth, TX 76110
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Water and Snacks for Parade of Lights
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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 07/03/2012	Payee name First Data Merchant Services
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Amount (\$) \$0.10	Payee address City; State; Zip Code PO Box 6600 Hagerstown, MD 21741-6600
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Merchant Service Fee
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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 07/03/2012	Payee name First Data Merchant Services
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Amount (\$) \$29.87	Payee address City; State; Zip Code PO Box 6600 Hagerstown, MD 21741-6600
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Merchant Service Fee
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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 07/03/2012	Payee name First Data Merchant Services
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Amount (\$) \$0.03	Payee address City; State; Zip Code PO Box 6600 Hagerstown, MD 21741-6600
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Merchant Service Fee
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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</b> PAGE # Schedule: 4/9 Report: 12/18	<b>2</b> FILER NAME Burns, Joel (Mr.)	<b>3</b> ACCOUNT # (TEC filers) 11122211
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<b>4</b> Date 08/03/2012	<b>5</b> Payee name First Data Merchant Services
<b>6</b> Amount (\$) \$0.03	<b>7</b> Payee address City; State; Zip Code PO Box 6600 Hagerstown, MD 21741-6600

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Merchant Service Fee
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<b>9</b> Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 08/03/2012	Payee name First Data Merchant Services
Amount (\$) \$1.00	Payee address City; State; Zip Code PO Box 6600 Hagerstown, MD 21741-6600

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Merchant Service Fee
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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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Date 08/03/2012	Payee name First Data Merchant Services
Amount (\$) \$30.97	Payee address City; State; Zip Code PO Box 6600 Hagerstown, MD 21741-6600

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Merchant Service Fee
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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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Date 09/11/2012	Payee name First Data Merchant Services
Amount (\$) \$32.90	Payee address City; State; Zip Code PO Box 6600 Hagerstown, MD 21741-6600

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Merchant Service Fee
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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: 5/9 Report: 13/18		<b>2 FILER NAME</b> Burns, Joel (Mr.)		<b>3 ACCOUNT # (TEC filers)</b> 11122211	
<b>4 Date</b> 10/03/2012		<b>5 Payee name</b> First Data Merchant Services			
<b>6 Amount (\$)</b> \$0.03		<b>7 Payee address</b> City; State; Zip Code PO Box 6600 Hagerstown, MD 21741-6600			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category</b> (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Merchant Service Fees	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/03/2012		Payee name First Data Merchant Services			
Amount (\$) \$1.01		Payee address City; State; Zip Code PO Box 6600 Hagerstown, MD 21741-6600			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Merchance Service Fees	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/03/2012		Payee name First Data Merchant Services			
Amount (\$) \$28.97		Payee address City; State; Zip Code PO Box 6600 Hagerstown, MD 21741-6600			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Merchant Service Fees	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/05/2012		Payee name First Data Merchant Services			
Amount (\$) \$174.75		Payee address City; State; Zip Code PO Box 6600 Hagerstown, MD 21741-6600			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Merchant Service Fee	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		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</b> PAGE # Schedule: 6/9 Report: 14/18	<b>2</b> FILER NAME Burns, Joel (Mr.)	<b>3</b> ACCOUNT # (TEC filers) 11122211
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<b>4</b> Date 12/03/2012	<b>5</b> Payee name First Data Merchant Services
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<b>6</b> Amount (\$) \$72.43	<b>7</b> Payee address City; State; Zip Code PO Box 6600 Hagerstown, MD 21741-6600
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Merchant Service Fee
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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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Date 12/03/2012	Payee name First Data Merchant Services
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Amount (\$) \$1.00	Payee address City; State; Zip Code PO Box 6600 Hagerstown, MD 21741-6600
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Merchant Service Fee
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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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Date 12/03/2012	Payee name First Data Merchant Services
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Amount (\$) \$0.40	Payee address City; State; Zip Code PO Box 6600 Hagerstown, MD 21741-6600
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Merchant Service Fee
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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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Date 07/23/2012	Payee name Fort Worth Club
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Amount (\$) \$180.78	Payee address City; State; Zip Code 305 W. 7th Street Fort Worth, TX 76102
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<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"/> Membership Dues
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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: 7/9 Report: 15/18		<b>2 FILER NAME</b> Burns, Joel (Mr.)		<b>3 ACCOUNT # (TEC filers)</b> 11122211	
<b>4 Date</b> 10/23/2012		<b>5 Payee name</b> Fort Worth Club			
<b>6 Amount (\$)</b> \$180.78		<b>7 Payee address</b> City; State; Zip Code 305 W. 7th Street Fort Worth, TX 76102			
<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"/> Membership Dues	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought:                      Office held:	
<b>Date</b> 11/20/2012		<b>Payee name</b> Fort Worth Club			
<b>Amount (\$)</b> \$50.00		<b>Payee address</b> City; State; Zip Code 305 W. 7th Street Fort Worth, TX 76102			
<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"/> Membership Dues	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought:                      Office held:	
<b>Date</b> 07/16/2012		<b>Payee name</b> HostGator			
<b>Amount (\$)</b> \$9.54		<b>Payee address</b> City; State; Zip Code 11251 Northwest Freeway #400 Houston, TX 77092			
<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"/> Website Hosting Fee	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought:                      Office held:	
<b>Date</b> 07/03/2012		<b>Payee name</b> NGP Software, Inc.			
<b>Amount (\$)</b> \$810.00		<b>Payee address</b> City; State; Zip Code 1225 I St NW Suite 1225 Washington, DC 20005-3914			
<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"/> Donor software quarterly fee	
<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: 8/9 Report: 16/18		<b>2 FILER NAME</b> Burns, Joel (Mr.)		<b>3 ACCOUNT # (TEC filers)</b> 11122211	
<b>4 Date</b> 12/20/2012		<b>5 Payee name</b> NGP Software, Inc.			
<b>6 Amount (\$)</b> \$899.78		<b>7 Payee address</b> City; State; Zip Code 1225 I St NW Suite 1225 Washington, DC 20005-3914			
<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"/> Donor software quarterly fee	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 12/20/2012		<b>Payee name</b> Office Depot			
<b>Amount (\$)</b> \$157.96		<b>Payee address</b> City; State; Zip Code 401 Carroll St Fort Worth, TX 76107-2245			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Supplies for Mailing	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 07/02/2012		<b>Payee name</b> PAIR Networks Inc.			
<b>Amount (\$)</b> \$202.10		<b>Payee address</b> City; State; Zip Code 2403 Sidney Street Suite 210 Pittsburgh, PA 15203			
<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"/> Website Server Expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 07/11/2012		<b>Payee name</b> Rachael Butts			
<b>Amount (\$)</b> \$617.00		<b>Payee address</b> City; State; Zip Code 921 Bogart Road Cedar Park, TX 78613			
<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"/> Website Development	
<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: 9/9 Report: 17/18		<b>2 FILER NAME</b> Burns, Joel (Mr.)		<b>3 ACCOUNT # (TEC filers)</b> 11122211	
<b>4 Date</b> 11/23/2012	<b>5 Payee name</b> WalGreens				
<b>6 Amount (\$)</b> \$7.35	<b>7 Payee address</b> City; State; Zip Code 3809 E Belknap St Fort Worth, TX 76111-6013				
<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"/> Supplies for Parade of Lights Vehicle		
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 11/23/2012	<b>Payee name</b> Westlake Ace Hardware				
<b>Amount (\$)</b> \$56.44	<b>Payee address</b> City; State; Zip Code 1705 W. Park Row Drive Arlington, TX 76013				
<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"/> Supplies for Parade Vehicle for Parade of Lights		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 11/23/2012	<b>Payee name</b> Whip In				
<b>Amount (\$)</b> \$33.00	<b>Payee address</b> City; State; Zip Code 1681 West Park Row Arlington, TX 76013				
<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"/> Gas for Parade of Lights Vehicle		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:

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

## SCHEDULE T

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 1/1 Report: 18/18
<b>2</b> FILER NAME Burns, Joel (Mr.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 11122211
<b>4</b> Name of Contributor / Corporation or Labor Organization / Pledgor / Payee American Airlines		
<b>5</b> Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
<b>6</b> Dates of travel  07/11/2012  07/11/2012	<b>7</b> Name of person(s) traveling Burns, Joel (Mr.)	
<b>8</b> Departure city or name of departure location Dallas Fort Worth		
<b>9</b> Destination city or name of destination location Boston		
<b>10</b> Means of transportation Commercial Airline	<b>11</b> Purpose of travel (including name of conference, seminar, or other event) Lecture at Harvard Kennedy School of Government	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee American Airlines		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel  07/23/2012  07/23/2012	Name of person(s) traveling Burns, Joel (Mr.)	
Departure city or name of departure location Boston		
Destination city or name of destination location Dallas Fort Worth		
Means of transportation Commercial Airline	Purpose of travel (including name of conference, seminar, or other event) Return Transportation for Lecture at Harvard Kennedy School of Government	