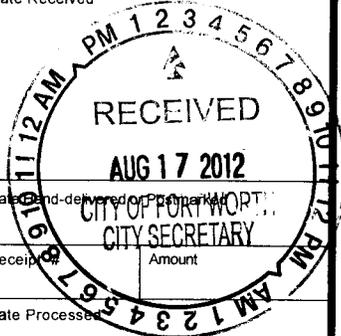


OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TEXAS

FORM COR-C/OH

**CORRECTION/AMENDMENT AFFIDAVIT
 FOR CANDIDATE/OFFICEHOLDER**

1 ACCOUNT #		2 Total pages filed:		OFFICE USE ONLY Date Received  Date Delivered or Postmarked Receipt # _____ Amount _____ Date Processed Date Imaged	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr. NICKNAME	FIRST Joel LAST Burns	MI C SUFFIX		
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify) _____		
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit			
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)			
5 ORIGINAL PERIOD COVERED	Month Day Year	THROUGH	Month Day Year		
	01 / 01 / 2012		06 / 30 / 2012		

6 EXPLANATION OF CORRECTION
 This corrected report provides Schedule T entries that were omitted from original report in error. In addition, this report corrects the description of an expenditure totaling \$41.57.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

Semiannual reports: This report is an amendment/correction to a semiannual report due on or after September 1, 2011. If amendment/correction is filed on or after the eighth day after the original report was filed, I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports (excluding semiannual reports due on or after September 1, 2011): I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

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 16th day of August, 2012 to certify which, witness my hand and seal of office.

Graham Stadler
 Signature of officer administering oath

Graham Stadler
 Printed name of officer administering oath

Notary Public
 Title of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

All Reports: A filer who files a corrected report must submit a correction affidavit. The affidavit must identify the information that has changed.

Reports filed with Texas Ethics Commission: A corrected report (other than a report due 8 days before an election or a special report near election) filed with the Ethics Commission after its due date is not considered late for purposes of late-filing penalties if: (1) any error or omission in the report as originally filed was made in good faith, and (2) the person filing the report files a corrected report and a good-faith affidavit not later than the 14th business day after the date the person learns that the report as originally filed is inaccurate or incomplete.

Semiannual Reports: Effective September 1, 2011, a semiannual report (due January 15 or July 15) that is amended/corrected before the eighth day after the original report was filed is considered to have been filed on the date the original report was filed. A semiannual report that is amended/corrected on or after the eighth day after the original report was filed is considered to have been filed on the date the original report was filed if: (1) the amendment/correction is made before any complaint is filed with regard to the subject of the amendment/correction; and (2) the original report was made in good faith and without intent to mislead or misrepresent the information contained in the report.

Attach additional pages as necessary.

INSTRUCTIONS FOR COMPLETING THIS FORM

The following numbers correspond to the numbered boxes on the other side.

- 1. Account #.** If you file with the Ethics Commission, you should have received a letter acknowledging receipt of your campaign treasurer appointment and assigning you an account number. Put that number in this box. If you do not file with the Ethics Commission, skip this box.
- 2. Total Pages Filed.** After completing this form and any attachments, count the number of pages. Enter that number in this box. Each side of a two-sided form counts as a page. In other words, this form is two pages.
- 3. Candidate/Officeholder Name.** Put your full name here. Enter your name in the same way as on the report you are correcting.
- 4. Original Report Type.** Mark the type of report you are correcting.
- 5. Original Period Covered.** Enter the period covered by the report you are correcting. The year is important because filers sometimes correct reports years after filing the original.
- 6. Explanation of Correction.** Attach any part of the campaign finance report form needed to report and explain corrections. Explain why there was an error on the original report. Also explain what information is being corrected and how the new information is different from the information on the original report. (Use additional pages if you need more space.) You may also use this area to request a waiver or reduction of a late-filing penalty and state the basis of your request.
- 7. Affidavit.** Read the affidavit before signing. You must sign the affidavit in the presence of an individual authorized to take oaths. If signed before a notary public, the affidavit must include the notary's signature and seal.

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 FIRST MI
Joel
.....
NICKNAME LAST SUFFIX
Burns

OFFICE USE ONLY

Date Received

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

Date Hand-delivered or Date Postmarked

Receipt #

Amount

5 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Bill
.....
NICKNAME LAST SUFFIX
Hall

Date Processed

Date Imaged

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 0

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 Month Day Year
01/01/2012 THROUGH 06/30/2012

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
05/14/2013

11 OFFICE

OFFICE HELD (if any)

City Councilman District 9

12 OFFICE SOUGHT (if known)

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

13 C/OH NAME Burns, Joel

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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

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 \$ 10.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 3,760.00

EXPENDITURE TOTALS

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

4. TOTAL POLITICAL EXPENDITURES \$ 24,171.25

CONTRIBUTION BALANCE

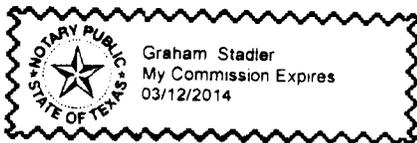
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 37,617.16

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 10th day of August 2012 to certify which, witness my hand and seal of office.

Graham Stadler
Signature of officer administering oath

GRAHAM STADLER
Print name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/1 Report: 3/18	
2 FILER NAME Burns, Joel		3 ACCOUNT # (Ethics Commission filers) 11122211	
4 Date 01/04/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fort Worth Firefighters Committee for Responsible Government 6 Contributor address; City; State; Zip Code 3855 Tulsa Way Fort Worth, TX 76107-3345	7 Amount of contribution (\$) \$2,500.00	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"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 01/26/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Griffin, Kenneth Contributor address; City; State; Zip Code 355 S End Ave Apt 8C New York, NY 10280-1008	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"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/05/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Linwood Partners LLC Contributor address; City; State; Zip Code 3113 S University Dr Ste 450 Fort Worth, TX 76109-5679	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/21/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) O'Brien, Frances Contributor address; City; State; Zip Code 16621 Hart St Van Nuys, CA 91406-4610	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Word processor		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) STG	
Date 02/21/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thompson, Carol Contributor address; City; State; Zip Code 1922 Windsor Pl Fort Worth, TX 76110-1844	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Professor		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) TCU	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/13 Report: 4/18	2 FILER NAME Burns, Joel	3 ACCOUNT # (TEC filers) 11122211
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4 Date 05/03/2012	5 Payee name American Airlines
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6 Amount (\$) \$339.60	7 Payee address City; State; Zip Code 1217 Main St Dallas, TX 75202-3908
----------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out Of District	(b) Description (If travel outside of Texas, complete Schedule T) <input checked="" type="checkbox"/> (See travel info on Schedule T)
---------------------------------	---	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/11/2012	Payee name American Airlines
--------------------	---------------------------------

Amount (\$) \$639.60	Payee address City; State; Zip Code 1217 Main St Dallas, TX 75202-3908
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PURPOSE OF EXPENDITURE	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)
-------------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 01/06/2012	Payee name AMM Political Strategies
--------------------	--

Amount (\$) \$15,000.00	Payee address City; State; Zip Code 507 N Sylvania Ave Fort Worth, TX 76111-2317
----------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political consulting services
-------------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/27/2012	Payee name Chair King
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Amount (\$) \$86.55	Payee address City; State; Zip Code 4949 Overton Ricdge Blvd. Fort Worth, TX 76132
------------------------	--

PURPOSE OF EXPENDITURE	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"/> Rocking Chair for Paschal High School Auction
-------------------------------	---	---

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	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/13 Report: 5/18	2 FILER NAME Burns, Joel	3 ACCOUNT # (TEC filers) 11122211
--	------------------------------------	---

4 Date 04/18/2012	5 Payee name Chair King
-----------------------------	-----------------------------------

6 Amount (\$) \$107.95	7 Payee address City; State; Zip Code 4949 Overton Ricdge Blvd. Fort Worth, TX 76132
----------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Rocking Chair for MHRM Auction
---------------------------------	--	--

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

Date 03/29/2012	Payee name Downtown Fort Worth Inc.
--------------------	--

Amount (\$) \$170.00	Payee address City; State; Zip Code 777 Taylor Street Suite 100 Fort Worth, TX 76102
-------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Fee for Ticket to Downtown Fort Worth Inc. Annual Luncheon
-------------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 01/27/2012	Payee name Dreamhost
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Amount (\$) \$29.85	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:
---	-------------------------------	----------------	--------------

Date 03/09/2012	Payee name Dreamhost
--------------------	-------------------------

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
-------------------------------	---	--

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	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 3/13 Report: 6/18	2 FILER NAME Burns, Joel	3 ACCOUNT # (TEC filers) 11122211
--	------------------------------------	---

4 Date 04/03/2012	5 Payee name Dreamhost
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6 Amount (\$) \$9.95	7 Payee address City; State; Zip Code PMB #257 417 Associated Rd. Brea, CA 92821
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Website host fee
---------------------------------	---	--

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

Date 05/09/2012	Payee name Dreamhost
--------------------	-------------------------

Amount (\$) \$9.95	Payee address City; State; Zip Code PMB #257 417 Associated Rd. Brea, CA 92821
-----------------------	---

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
-------------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/11/2012	Payee name Dreamhost
--------------------	-------------------------

Amount (\$) \$129.35	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
-------------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/18/2012	Payee name FedEx Corporation
--------------------	---------------------------------

Amount (\$) \$40.32	Payee address City; State; Zip Code 109 N. Chandler Drive Fort Worth, TX 76111
------------------------	--

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.

1 PAGE # Schedule: 4/13 Report: 7/18	2 FILER NAME Burns, Joel	3 ACCOUNT # (TEC filers) 11122211
--	------------------------------------	---

4 Date 01/03/2012	5 Payee name First Data Merchant Services
-----------------------------	---

6 Amount (\$) \$24.47	7 Payee address City; State; Zip Code PO Box 6600 Hagerstown, MD 21741-6600
---------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Merchant Service Fee
---	---	---

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

Date 01/03/2012	Payee name First Data Merchant Services
--------------------	--

Amount (\$) \$0.03	Payee address City; State; Zip Code PO Box 6600 Hagerstown, MD 21741-6600
-----------------------	---

PURPOSE OF EXPENDITURE	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"/> Online contribution processing fees
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
--	-------------------------------	----------------	--------------

Date 01/03/2012	Payee name First Data Merchant Services
--------------------	--

Amount (\$) \$0.50	Payee address City; State; Zip Code PO Box 6600 Hagerstown, MD 21741-6600
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PURPOSE OF EXPENDITURE	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
--	-------------------------------	----------------	--------------

Date 02/03/2012	Payee name First Data Merchant Services
--------------------	--

Amount (\$) \$0.03	Payee address City; State; Zip Code PO Box 6600 Hagerstown, MD 21741-6600
-----------------------	---

PURPOSE OF EXPENDITURE	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 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.

1 PAGE # Schedule: 5/13 Report: 8/18	2 FILER NAME Burns, Joel	3 ACCOUNT # (TEC filers) 11122211
--	------------------------------------	---

4 Date 02/03/2012	5 Payee name First Data Merchant Services
-----------------------------	---

6 Amount (\$) \$1.00	7 Payee address City; State; Zip Code PO Box 6600 Hagerstown, MD 21741-6600
--------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Merchant Service Fee
---	---	---

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

Date 02/03/2012	Payee name First Data Merchant Services
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Amount (\$) \$23.97	Payee address City; State; Zip Code PO Box 6600 Hagerstown, MD 21741-6600
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PURPOSE OF EXPENDITURE	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 03/05/2012	Payee name First Data Merchant Services
--------------------	--

Amount (\$) \$0.64	Payee address City; State; Zip Code PO Box 6600 Hagerstown, MD 21741-6600
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PURPOSE OF EXPENDITURE	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
--	-------------------------------	----------------	--------------

Date 03/05/2012	Payee name First Data Merchant Services
--------------------	--

Amount (\$) \$4.00	Payee address City; State; Zip Code PO Box 6600 Hagerstown, MD 21741-6600
-----------------------	---

PURPOSE OF EXPENDITURE	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 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	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 6/13 Report: 9/18	2 FILER NAME Burns, Joel	3 ACCOUNT # (TEC filers) 11122211
--	------------------------------------	---

4 Date 03/05/2012	5 Payee name First Data Merchant Services
-----------------------------	---

6 Amount (\$) \$20.94	7 Payee address City; State; Zip Code PO Box 6600 Hagerstown, MD 21741-6600
---------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Merchant Service Fee
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/03/2012	Payee name First Data Merchant Services
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Amount (\$) \$2.69	Payee address City; State; Zip Code PO Box 6600 Hagerstown, MD 21741-6600
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PURPOSE OF EXPENDITURE	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 04/03/2012	Payee name First Data Merchant Services
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Amount (\$) \$25.00	Payee address City; State; Zip Code PO Box 6600 Hagerstown, MD 21741-6600
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PURPOSE OF EXPENDITURE	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 05/03/2012	Payee name First Data Merchant Services
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Amount (\$) \$30.00	Payee address City; State; Zip Code PO Box 6600 Hagerstown, MD 21741-6600
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PURPOSE OF EXPENDITURE	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	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 7/13 Report: 10/18	2 FILER NAME Burns, Joel	3 ACCOUNT # (TEC filers) 11122211
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4 Date 06/04/2012	5 Payee name First Data Merchant Services
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6 Amount (\$) \$30.00	7 Payee address City; State; Zip Code PO Box 6600 Hagerstown, MD 21741-6600
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Merchant Service Fee
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 01/27/2012	Payee name Fort Worth Club
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Amount (\$) \$173.20	Payee address City; State; Zip Code 305 W. 7th Street Fort Worth, TX 76102
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8 PURPOSE OF EXPENDITURE	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/22/2012	Payee name Fort Worth Club
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Amount (\$) \$41.57	Payee address City; State; Zip Code 305 W. 7th Street Fort Worth, TX 76102
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Lunch Meeting with Constituent
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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 04/23/2012	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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8 PURPOSE OF EXPENDITURE	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 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	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The INSTRUCTION Guide explains how to complete this form.

1 PAGE # Schedule: 8/13 Report: 11/18	2 FILER NAME Burns, Joel	3 ACCOUNT # (TEC filers) 11122211
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4 Date 01/30/2012	5 Payee name Fort Worth Star Telegram
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6 Amount (\$) \$57.31	7 Payee address City; State; Zip Code 111 W. Abram Street Fort Worth, TX 76102
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Online Subscription
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/27/2012	Payee name Fort Worth Star Telegram
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Amount (\$) \$75.00	Payee address City; State; Zip Code 111 W. Abram Street Fort Worth, TX 76102
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8 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"/> Online Subscription
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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 05/21/2012	Payee name Hertz Rental Car
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Amount (\$) \$60.47	Payee address City; State; Zip Code 9000 Airport Boulevard Los Angeles, CA 90045
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out Of District	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Rental Car for National League of Cities Training
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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 05/09/2012	Payee name Hudson New York
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Amount (\$) \$615.18	Payee address City; State; Zip Code 356 W. 58th Street New York, NY 10019
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out Of District	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Lodging for Lecture at Harvard Kennedy School of Government
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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	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 9/13 Report: 12/18	2 FILER NAME Burns, Joel	3 ACCOUNT # (TEC filers) 11122211
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4 Date 01/26/2012	5 Payee name Jane Hedgpeth
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6 Amount (\$) \$160.00	7 Payee address City; State; Zip Code 1339 Bonham Ter Austin, TX 78704
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign finance report consulting
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 01/04/2012	Payee name NGP Software Inc.
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Amount (\$) \$630.00	Payee address City; State; Zip Code 1225 I St NW Suite 1225 Washington, DC 20005-3914
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donor software quarterly 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 01/05/2012	Payee name NGP Software Inc.
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Amount (\$) \$360.00	Payee address City; State; Zip Code 1225 I St NW Suite 1225 Washington, DC 20005-3914
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donor software quarterly 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 04/03/2012	Payee name NGP Software Inc.
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Amount (\$) \$810.00	Payee address City; State; Zip Code 1225 I St NW Suite 1225 Washington, DC 20005-3914
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donor software quarterly 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	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 10/13 Report: 13/18	2 FILER NAME Burns, Joel	3 ACCOUNT # (TEC filers) 11122211
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4 Date 01/03/2012	5 Payee name PAIR Networks Inc.
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6 Amount (\$) \$545.75	7 Payee address City; State; Zip Code 2403 Sidney Street Suite 210 Pittsburgh, PA 15203
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Website Server Expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/02/2012	Payee name PAIR Networks Inc.
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Amount (\$) \$203.94	Payee address City; State; Zip Code 2403 Sidney Street Suite 210 Pittsburgh, PA 15203
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Website Server Expense
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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 03/02/2012	Payee name PAIR Networks Inc.
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Amount (\$) \$290.03	Payee address City; State; Zip Code 2403 Sidney Street Suite 210 Pittsburgh, PA 15203
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Website Server Expense
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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 04/02/2012	Payee name PAIR Networks Inc.
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Amount (\$) \$193.20	Payee address City; State; Zip Code 2403 Sidney Street Suite 210 Pittsburgh, PA 15203
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Website Server Expense
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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	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 11/13 Report: 14/18		2 FILER NAME Burns, Joel		3 ACCOUNT # (TEC filers) 11122211	
4 Date 05/02/2012		5 Payee name PAIR Networks Inc.			
6 Amount (\$) \$194.60		7 Payee address City; State; Zip Code 2403 Sidney Street Suite 210 Pittsburgh, PA 15203			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Website Server Expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 06/04/2012		Payee name PAIR Networks Inc.			
Amount (\$) \$227.30		Payee address City; State; Zip Code 2403 Sidney Street Suite 210 Pittsburgh, PA 15203			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Website Server Expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 02/10/2012		Payee name Paschal Highshool PTA			
Amount (\$) \$250.00		Payee address City; State; Zip Code 3001 Forest Park Blvd. Fort Worth, TX 76110			
PURPOSE OF EXPENDITURE		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"/> Sponsorship of Paschal High School Auction	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 02/03/2012		Payee name Planned Parenthood of North Texas			
Amount (\$) \$1,500.00		Payee address City; State; Zip Code 7424 Greenville Ave Dallas, TX 75231-4552			
PURPOSE OF EXPENDITURE		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"/> Table Sponsorship for Annual Fort Worth Fundraiser	
Complete ONLY 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
FeesGifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing ExpenseSalaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental ExpenseLoan 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.**

1 PAGE # Schedule: 12/13 Report: 15/18		2 FILER NAME Burns, Joel		3 ACCOUNT # (TEC filers) 11122211	
4 Date 05/30/2012	5 Payee name Potbelly				
6 Amount (\$) \$84.44	7 Payee address City; State; Zip Code 540 Throckmorton Street Fort Worth, TX 76102				
8 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"/> Cookies for Election Workers		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 01/27/2012	Payee name Ralph Lauer Images				
Amount (\$) \$235.00	Payee address City; State; Zip Code 2212 Western Avenue Fort Worth, TX 76107				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Photoshoot for Holiday Card		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 04/18/2012	Payee name Taylor McCarty				
Amount (\$) \$107.95	Payee address City; State; Zip Code 410 W. Daggett Ave. Apt. D Fort Worth, TX 76104				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Rocking Chair for MHRM Auction		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 05/02/2012	Payee name Texas League of Conservation Voters				
Amount (\$) \$250.00	Payee address City; State; Zip Code 44 East Avenue Suite 202 Austin, TX 78701				
PURPOSE OF EXPENDITURE	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"/> Contribution for Fort Worth Fundraiser		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 13/13 Report: 16/18	2 FILER NAME Burns, Joel	3 ACCOUNT # (TEC filers) 11122211
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4 Date 02/13/2012	5 Payee name Trophy Arts
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6 Amount (\$) \$19.50	7 Payee address City; State; Zip Code 519 Pennsylvania Avenue Fort Worth, TX 76104
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Silver Plates Imprinted for Lily B. Clayton and Paschal High School Auction Items
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 01/27/2012	Payee name United States Postal Service
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Amount (\$) \$94.00	Payee address City; State; Zip Code 2600 8th Ave. Fort Worth, TX 76110
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8 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"/> Rental Fee for Post Office Box
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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 02/13/2012	Payee name World Market
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Amount (\$) \$75.69	Payee address City; State; Zip Code 4701 West Fwy Fort Worth, TX 76107-5497
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8 PURPOSE OF EXPENDITURE	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"/> Ice Bucket and Lemonade For Lily B. Clayton and Paschal High School Auction Items
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE
FOR TRAVEL OUTSIDE OF TEXAS****SCHEDULE T**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/2 Report: 17/18
2 FILER NAME Burns, Joel		3 ACCOUNT # (Ethics Commission filers) 11122211
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee American Airlines		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input 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		
6 Dates of travel 05/07/2012 05/07/2012	7 Name of person(s) traveling Burns, Joel (Mr.)	
	8 Departure city or name of departure location Dallas Fort Worth	
	9 Destination city or name of destination location New York City	
10 Means of transportation Commercial Airline	11 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 05/08/2012 05/08/2012	Name of person(s) traveling Burns, Joel (Mr.)	
	Departure city or name of departure location New York	
	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 flight from Harvard Kennedy School Lecture	
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 06/14/2012 06/14/2012	Name of person(s) traveling Burns, Joel (Mr.)	
	Departure city or name of departure location Dallas Fort Worth	
	Destination city or name of destination location Boston	
Means of transportation Commercial Airlines	Purpose of travel (including name of conference, seminar, or other event) Travel to Lecture at Harvard Kennedy School of Government	

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 2/2 Report: 18/18**2** FILER NAME Burns, Joel**3** ACCOUNT # (Ethics Commission filers)
11122211**4** Name of Contributor / Corporation or Labor Organization / Pledgor / Payee
American Airlines**5** Contribution / Expenditure reported on:

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

6 Dates of travel

06/16/2012

06/16/2012

7 Name of person(s) traveling

Burns, Joel (Mr.)

8 Departure city or name of departure location

Boston

9 Destination city or name of destination location

Dallas Fort Worth

10 Means of transportation
Commercial Airlines**11** Purpose of travel (including name of conference, seminar, or other event)
Return flight from lecture at Harvard Kennedy School of Government