



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME

David A. Byrnes

16 ACCOUNT # (Ethics Commission file)

17 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

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS

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

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

1050.<sup>00</sup>

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

— 0 —

4. TOTAL POLITICAL EXPENDITURES

\$

3839.02

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

13,148.32

OUTSTANDING LOAN TOTALS

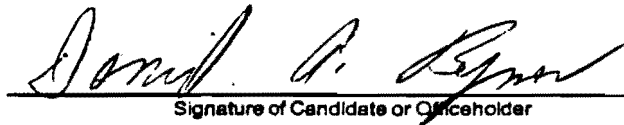
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

— 0 —

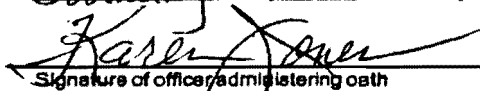
19 AFFIDAVIT

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

  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said David A. Byrnes, this the 13<sup>th</sup> day of January, 20 12, to certify which, witness my hand and seal of office.

  
Signature of officer administering oath

Karen Jones  
Printed name of officer administering oath

Deputy Clerk  
Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
- OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 1 of 1

2 FILER NAME: David A. Burnes

3 ACCOUNT # (Ethics Commission #):

4 Date: 7/29/11  
 5 Full name of contributor  out-of-state PAC (OR \_\_\_\_\_): Joyce Morobitto  
 6 Contributor address; City; State; Zip Code: 15428 Fm 2728, Terrell TX 75161

7 Amount of contribution (\$): 50.<sup>00</sup>  
 8 In-kind contribution description (if applicable):  
 (If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions): Retired

10 Employer (See Instructions):

Date: 10/24/11  
 Full name of contributor  out-of-state PAC (OR \_\_\_\_\_): General Drivers Warehousemen & Helpers  
 Contributor address; City; State; Zip Code: Local 745 Drive Fund 1007 Jonelle St. Dallas TX 75217

Amount of contribution (\$): 500.<sup>00</sup>  
 In-kind contribution description (if applicable):  
 (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date: 12/15/11  
 Full name of contributor  out-of-state PAC (OR \_\_\_\_\_): Jerry Daniel  
 Contributor address; City; State; Zip Code: 8922 Ranch Rd. 2909 Martins Mill, TX 75754

Amount of contribution (\$): 500.<sup>00</sup>  
 In-kind contribution description (if applicable):  
 (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date: \_\_\_\_\_  
 Full name of contributor  out-of-state PAC (OR \_\_\_\_\_): \_\_\_\_\_  
 Contributor address; City; State; Zip Code: \_\_\_\_\_

Amount of contribution (\$): \_\_\_\_\_  
 In-kind contribution description (if applicable): \_\_\_\_\_  
 (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date: \_\_\_\_\_  
 Full name of contributor  out-of-state PAC (OR \_\_\_\_\_): \_\_\_\_\_  
 Contributor address; City; State; Zip Code: \_\_\_\_\_

Amount of contribution (\$): \_\_\_\_\_  
 In-kind contribution description (if applicable): \_\_\_\_\_  
 (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

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

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <i>1 of 3</i>
2 FILER NAME <i>DAVID A. BURNES</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>8/10/11</i>	5 Payee name <i>B. Michael Chitty Campaign</i>	7 Amount (\$) <i>100.<sup>00</sup>-</i>
6 Payee address; City; State; Zip Code <i>P.O. Box 610, Terrell, TX 75160</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>political donation</i> <small>(If travel outside of Texas, complete Schedule T)</small>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
Date <i>8/10/11</i>	Payee name <i>Texas Presbyterian Foundation</i>	Amount (\$) <i>500.<sup>00</sup>-</i>
Payee address; City; State; Zip Code <i>850 Hwy 243 St Kaufman TX 75442</i>		
Purpose of payment (See instructions regarding type of information required.) <i>charitable donation</i> <small>(If travel outside of Texas, complete Schedule T)</small>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
Date <i>09/17/11</i>	Payee name <i>Kaufman Chamber of Commerce</i>	Amount (\$) <i>60.<sup>00</sup>-</i>
Payee address; City; State; Zip Code <i>2100 S. Washington, Kaufman TX 75442</i>		
Purpose of payment (See instructions regarding type of information required.) <i>donation</i> <small>(If travel outside of Texas, complete Schedule T)</small>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
Date <i>09/17/11</i>	Payee name <i>Council / Adams Memorial Fund</i>	Amount (\$) <i>100.<sup>00</sup>-</i>
Payee address; City; State; Zip Code <i>3101 S. Hous To. H, KAUFMAN, TX. 75142</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Charitable donation</i> <small>(If travel outside of Texas, complete Schedule T)</small>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F:  
*2 of 3*

2 FILER NAME *David A. BURNES* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>10/8/11</i>	5 Payee name <i>Lance Gooden Campaign</i>	7 Amount (\$) <i>100.<sup>00</sup></i>
6 Payee address; City, State; Zip Code <i>P.O. Box 2125, Terrell, TX 75160</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>Political donation</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
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Date <i>10/11/11</i>	Payee name <i>Kaufman County Childrens Shelter</i>	Amount (\$) <i>250.<sup>00</sup></i>
Payee address; City, State; Zip Code <i>P.O. Box 926, Kaufman TX 75142</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Charitable donation</i> <small>(If travel outside of Texas, complete Schedule T)</small>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
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Date <i>10/13/11</i>	Payee name <i>Dollar General</i>	Amount (\$) <i>53.04</i>
Payee address; City, State; Zip Code <i>1011 E. U.S. Hwy 175, Crandall, TX 75114</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Parade candy</i> <small>(If travel outside of Texas, complete Schedule T)</small>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
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Date <i>10/29/11</i>	Payee name <i>Dollar General</i>	Amount (\$) <i>25.<sup>98</sup></i>
Payee address; City, State; Zip Code <i>1011 E. U.S. Hwy 175, Crandall, TX 75114</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Parade candy</i> <small>(If travel outside of Texas, complete Schedule T)</small>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **3 of 3**

2 FILER NAME **David A. Byrnes**

3 ACCOUNT # (Ethics Commission files)

4 Date  
**11/12/11**

5 Payee name  
**1st United Methodist Church**  
6 Payee address; City; State; Zip Code  
**304 E. 9th St, Kemp, TX 75143**

7 Amount (\$)  
**100.<sup>00</sup>**

8 Purpose of payment (See instructions regarding type of information required.)  
**Charitable donation**  
(If travel outside of Texas, complete Schedule T)

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

Date  
**11/28/11**

Payee name  
**Kaufman County Republican Party**  
Payee address; City; State; Zip Code  
**318 Basler Ln. Jensen, TX 75160**

Amount (\$)  
**750.<sup>00</sup>**

Purpose of payment (See instructions regarding type of information required.)  
**Filing Fee**  
(If travel outside of Texas, complete Schedule T)

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

Date  
**12/29/11**

Payee name  
**Nixon Notes**  
Payee address; City; State; Zip Code  
**10140 CR 4084, Scurry TX 75158**

Amount (\$)  
**1800.<sup>00</sup>**

Purpose of payment (See instructions regarding type of information required.)  
**Campaign Consulting, Graphic Design**  
(If travel outside of Texas, complete Schedule T)

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

~~Date Payee name Payee address; City; State; Zip Code Amount (\$)~~

~~Purpose of payment (See instructions regarding type of information required.)  
(If travel outside of Texas, complete Schedule T)~~

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

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