

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

5

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
Mr. David A.
NICKNAME LAST SUFFIX
BYRNES

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
P.O. Box 962
Kaufman TX 75142

LAURA A. HUGHES
COUNTY CLERK
2010 JAN 15 2:36
FILED FOR RECORD
KAUFMAN CO. TEXAS

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(972) 287 - 1239

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Mrs. Janas M.
NICKNAME LAST SUFFIX
BYRNES

7 CAMPAIGN TREASURER ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
140 Martin Ln. Combine TX 75159

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(972) 287 - 1239

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
07 / 01 / 09 THROUGH 12 / 31 / 09

11 ELECTION

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

12 OFFICE

OFFICE HELD (if any)
Sheriff

13 OFFICE SOUGHT (if known)

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

GO TO PAGE 2

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:
1 of 3

2 FILER NAME
David A. Byrnes

3 ACCOUNT # (Ethics Commission filers)

4 Date
7/11/09

5 Payee name
American Nat'l Bank
6 Payee address; City; State; Zip Code
Kaufman, TX 75142

7 Amount (\$)
10.⁰⁰

8 Purpose of payment (See instructions regarding type of information required.)
Bank acct. Service chg.

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

Date
7/11/09

Payee name
Kaufman Co. Republican Women
Payee address; City; State; Zip Code
PO Box 1104 Kaufman TX 75142

Amount (\$)
100.⁰⁰

Purpose of payment (See instructions regarding type of information required.)
Sponsorship of political event

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

Date
8/6/09

Payee name
American Nat'l Bank
Payee address; City; State; Zip Code
Kaufman, TX 75142

Amount (\$)
10.⁰⁰

Purpose of payment (See instructions regarding type of information required.)
Bank acct Service chg.

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

Date
9/16/09

Payee name
American Nat'l Bank
Payee address; City; State; Zip Code
Kaufman TX 75142

Amount (\$)
10.⁰⁰

Purpose of payment (See instructions regarding type of information required.)
Bank acct. Service chg.

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:
293

2 FILER NAME

Daniel A. Byrnes

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

10/16/09

American Nat'l Bank

6 Payee address; City; State; Zip Code

Rouffman TX 75142

10.⁰⁰

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

Bank acct. service chg.
(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

Payee name

Amount (\$)

11/16/09

American Nat'l Bank

Payee address; City; State; Zip Code

Rouffman TX 75142

10.⁰⁰

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

Bank acct. service chg.
(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

Amount (\$)

12/16/09

American Nat'l Bank

Payee address; City; State; Zip Code

Rouffman TX 75142

16.⁰⁰

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

Bank acct. service chg.
(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

Amount (\$)

12/13/09

American Nat'l Bank

Payee address; City; State; Zip Code

Rouffman TX 75142

10.⁰⁰

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

Bank acct. service chg.
(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 393
2 FILER NAME <i>Darida Byrne</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>12/13/09</i>	5 Payee name <i>U. S. Postmaster</i>	7 Amount (\$) <i>17.90</i>
6 Payee address; City; State; Zip Code <i>Kaufman TX 75142</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Postage</i> <small>(If travel outside of Texas, complete Schedule T)</small>		9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2


15 C/OH NAME <i>David A. Byrnes</i>	16 ACCOUNT # (Ethics Commission Use)
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17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME		
	COMMITTEE ADDRESS		
	COMMITTEE CAMPAIGN TREASURER NAME		
	COMMITTEE CAMPAIGN TREASURER ADDRESS		

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u> — — — </u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u> — — — </u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u> — — — </u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u> 205.90 </u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u> — — — </u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u> — — — </u>


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 Byrnes, this the 15th day of January 2016, to certify which, witness my hand and seal of office.

 Signature of officer administering oath	<u>Cynthia Ramirez</u> Printed name of officer administering oath	<u>deputy clerk</u> Title of officer administering oath
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