

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: Mr. FIRST: David MI: A.
NICKNAME: LAST: BYRNES SUFFIX:

OFFICE USE ONLY

Date Received
Date Hand-delivered or Date Postmarked
BY: [Signature] RECEIVED FOR RECORD
JAN 15 2009
Kaufman County, Texas
Receipt # Amount
Date Processed
Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 Change of Address

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

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE: PHONE NUMBER: EXTENSION:
(972) 287-1239

6 CAMPAIGN TREASURER NAME

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

7 CAMPAIGN TREASURER ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE
740 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 / 08 THROUGH 12 / 31 / 08

11 ELECTION

ELECTION DATE: Month Day Year: ELECTION TYPE:
/ / 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

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

15 C/OH NAME

DAVID A. BYRNES

16 ACCOUNT # (Ethics Commission Use)

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

\$ - 0 -

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

\$ - 0 -

EXPENDITURE TOTALS

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

\$ - 0 -

4. TOTAL POLITICAL EXPENDITURES

\$ 423.83

CONTRIBUTION BALANCE

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

\$ 473.90

OUTSTANDING LOAN TOTALS

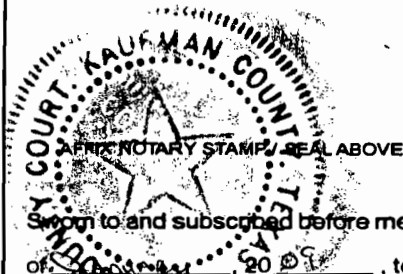
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ - 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.

David A. Byrnes
Signature of Candidate or Officeholder



Sworn to and subscribed before me, by the said DAVID A. BYRNES, this the 15 day of July, 2009, to certify which, witness my hand and seal of office.

Pam Singleton
Signature of officer administering oath

Pam Singleton
Printed name of officer administering oath

Deputy clerk
Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F: 123

2 FILER NAME DAVID A. BYRNES 3 ACCOUNT # (Ethics Commission files)

4 Date <u>7/26/08</u>	5 Payee name <u>Terrell Chamber of Commerce</u>	7 Amount (\$) <u>100.⁰⁰</u>
6 Payee address; City; State; Zip Code <u>P.O. Box 97, Jewell, TX 75160</u>		

8 Purpose of payment (See instructions regarding type of information required.) <u>Donation</u>	9 <input type="checkbox"/> Complete if direct expenditure to benefit C/OH <input type="checkbox"/> Candidate / Officeholder name Office sought Office held
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Date <u>8/25/08</u>	Payee name <u>Kaufman Co. Republican Women</u>	Amount (\$) <u>25.⁰⁰</u>
Payee address; City; State; Zip Code <u>P.O. Box 1104 Kaufman TX 75142</u>		

Purpose of payment (See instructions regarding type of information required.) <u>Campaign School</u>	9 <input type="checkbox"/> Complete if direct expenditure to benefit C/OH <input type="checkbox"/> Candidate / Officeholder name Office sought Office held
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Date <u>8/25/08</u>	Payee name <u>Friends of Jeb Hensarling, Congressman</u>	Amount (\$) <u>50.⁰⁰</u>
Payee address; City; State; Zip Code <u>P.O. Box 820504 Dallas TX 75382</u>		

Purpose of payment (See instructions regarding type of information required.) <u>Donation</u>	9 <input type="checkbox"/> Complete if direct expenditure to benefit C/OH <input type="checkbox"/> Candidate / Officeholder name Office sought Office held
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Date <u>10/9/08</u>	Payee name <u>American National Bank</u>	Amount (\$) <u>56.⁸⁷</u>
Payee address; City; State; Zip Code <u>P.O. Box 40, Kaufman TX 75142</u>		

Purpose of payment (See instructions regarding type of information required.) <u>Auction Item</u>	9 <input type="checkbox"/> Complete if direct expenditure to benefit C/OH <input type="checkbox"/> Candidate / Officeholder name Office sought Office held
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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:
283

2 FILER NAME DAVID H. BURNES 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>10/19/08</u>	5 Payee name <u>American National Bank</u> 6 Payee address; City; State; Zip Code <u>P.O. Box 40, Terrell, TX 75160</u>	7 Amount (\$) <u>10.⁰⁰</u>
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8 Purpose of payment (See instructions regarding type of information required.) <u>Bank Acct. Service charge</u>	9 <input type="checkbox"/> Complete if direct expenditure to benefit C/OH <input type="checkbox"/> Candidate / Officeholder name Office sought Office held
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Date <u>10/24/08</u>	Payee name <u>Family Dollar</u> Payee address; City; State; Zip Code <u>Kaufman, TX 75142</u>	Amount (\$) <u>51.⁹⁶</u>
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Purpose of payment (See instructions regarding type of information required.) <u>Parade Candy</u>	9 <input type="checkbox"/> Complete if direct expenditure to benefit C/OH <input type="checkbox"/> Candidate / Officeholder name Office sought Office held
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Date <u>11/12/08</u>	Payee name <u>American National Bank</u> Payee address; City; State; Zip Code <u>P.O. Box 40, Terrell, TX 75160</u>	Amount (\$) <u>10.⁰⁰</u>
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Purpose of payment (See instructions regarding type of information required.) <u>bank acct. service chg.</u>	9 <input type="checkbox"/> Complete if direct expenditure to benefit C/OH <input type="checkbox"/> Candidate / Officeholder name Office sought Office held
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Date <u>10/27/08</u>	Payee name <u>Combine Fire Dept</u> Payee address; City; State; Zip Code <u>City Hall, Combine TX 75157</u>	Amount (\$) <u>100.⁰⁰</u>
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Purpose of payment (See instructions regarding type of information required.) <u>Donation</u>	9 <input type="checkbox"/> Complete if direct expenditure to benefit C/OH <input type="checkbox"/> Candidate / Officeholder name Office sought Office held
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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:
3 of 3

2 FILER NAME

DAVID A. BYRNES

3 ACCOUNT # (Ethics Commission files)

4 Date

12/11/08

5 Payee name

American National Bank

6 Payee address; City; State; Zip Code

P.O. Box 40, Terrell, TX 75160

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

9/25/09

Payee name

American Nat'l Bank

Payee address; City; State; Zip Code

PO Box 40 Terrell, TX 75160

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

Payee name

Payee address; City; State; Zip Code

Amount (\$)

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

= 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.)

= Complete if direct expenditure to benefit C/OH =

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED