

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: 6	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Mr.</i>	FIRST <i>David</i>	MI <i>A.</i>	OFFICE USE ONLY
	NICKNAME	LAST <i>BYRNES</i>	SUFFIX	
	Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>P.O. Box 962 Kaufman TX 75142</i>		Date Hand-delivered or Date Postmarked	
	5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <i>(972)</i>	PHONE NUMBER <i>287-1239</i>	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Mrs.</i>	FIRST <i>Janas</i>	MI <i>m</i>	Date Processed
	NICKNAME	LAST <i>BYRNES</i>	SUFFIX	Date Imaged
	Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>740 Martin Lane Combine TX 75159</i>			
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(972)</i>	PHONE NUMBER <i>287-1239</i>	EXTENSION	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <i>01 / 01 / 2008 01 / 24 / 08</i>			
11 ELECTION	ELECTION DATE Month Day Year <i>03 / 04 / 2008</i>		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <i>Sheriff</i>		13 OFFICE SOUGHT (if known) <i>Sheriff</i>	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** 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			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

6 Pages

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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

FILED FOR RECORD
KAUFMAN COUNTY TEXAS
2008 FEB - 4 10:39
LAURA A. HUGHES
COUNTY CLERK
BY: 15 DEPUTY

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) \$ 2350.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ - 0 -

4. TOTAL POLITICAL EXPENDITURES \$ 4286.18

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 11,857.74

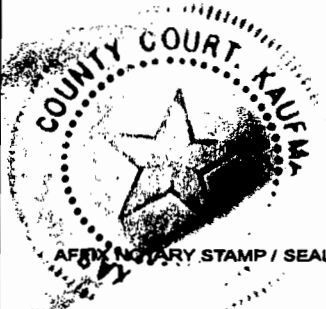
OUTSTANDING LOAN TOTALS

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

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



AFFIDAVIT NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said DAVID A. BYRNES, this the 4 day of February, 2008, 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:
1 of 3

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

4 Date <i>01/18/08</i>	5 Payee name <i>Terrell Tribune</i>	7 Amount (\$) <i>128.⁰⁰</i>
6 Payee address; City; State; Zip Code <i>P.O. Box 669 Terrell, TX 75160</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>Newspaper ad</i>	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 <i>01/18/08</i>	Payee name <i>Home Depot</i>	Amount (\$) <i>168.⁹⁵</i>
Payee address; City; State; Zip Code <i>151 Windsor Av. Terrell, TX 75160</i>		

Purpose of payment (See instructions regarding type of information required.) <i>T-post; Straps</i>	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 <i>01/19/08</i>	Payee name <i>Exxon Station</i>	Amount (\$) <i>83.⁶⁰</i>
Payee address; City; State; Zip Code <i>1366 E. Hwy 175, Crendall, TX 75114</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Fuel for Campaign</i>	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 <i>01/19/08</i>	Payee name <i>P.T. Signs</i>	Amount (\$) <i>1591.¹⁰</i>
Payee address; City; State; Zip Code <i>9800 E. Hwy 175, Kemp, TX 75143</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Political Signs</i>	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:
2 of 3

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

4 Date 01/07/08	5 Payee name U.S. Postal Service 6 Payee address; City; State; Zip Code 3. Washington, Kaufman TX 75142	7 Amount (\$) 56. ⁰⁰
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8 Purpose of payment (See instructions regarding type of information required.) P.O. Box Rent	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 01/07/08	Payee name Country Kormer Payee address; City; State; Zip Code 2886 S. Washington Kaufman TX 75142	Amount (\$) 83. ⁰⁰
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Purpose of payment (See instructions regarding type of information required.) Fuel for Campaign	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 01/11/08	Payee name Nixon Notes Payee address; City; State; Zip Code 10140 Co. Rd. 4084, Curry TX 75158	Amount (\$) 1631.13
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Purpose of payment (See instructions regarding type of information required.) graphics, cards design, printing	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 01/16/08	Payee name U.S. Postal Service Payee address; City; State; Zip Code 3 Washington, Kaufman TX 75142	Amount (\$) 41. ⁰⁰
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Purpose of payment (See instructions regarding type of information required.) postage for campaign	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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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F:
3073

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

4 Date 01/19/08	5 Payee name <i>Kemp Senior Center</i>	7 Amount (\$) 100. ⁰⁰
6 Payee address; City; State; Zip Code <i>Kemp TX 75143</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>Donation</i>	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 01/23/08	Payee name <i>EXXON Station</i>	Amount (\$) 79. ⁰⁰
Payee address; City; State; Zip Code <i>1366 E. Hwy 175, Crandall, TX 75114</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Fuel for campaign</i>	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 01/23/08	Payee name <i>Terrell Tribune</i>	Amount (\$) 325. ⁰⁰
Payee address; City; State; Zip Code <i>Box 669, Terrell, TX 75160</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Newspaper ad</i>	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	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)	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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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: <i>121</i>	
2 FILER NAME <i>DAVID A. BYRNES</i>		3 ACCOUNT # (Ethics Commission file)	
4 Date <i>01/14/08</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Clifford Weiner</i>	7 Amount of contribution (\$) <i>250⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1717 Main St. Ste 900, Dallas TX 75201</i>			
9 Principal occupation \ Job title (See instructions) <i>Business owner</i>		10 Employer (See instructions)	
Date <i>01/14/08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>David Wallace</i>	Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>14574 Quail Lane, Terrell, TX 75160</i>			
Principal occupation \ Job title (See instructions) <i>Police officer</i>		Employer (See instructions)	
Date <i>01/14/08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>General Drivers Warehouseman + Helpers Drive Fund PAC</i>	Amount of contribution (\$) <i>1500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1007 Jonelle St, Dallas, TX 75217</i>			
Principal occupation \ Job title (See instructions) <i>POLITICAL Action Committee</i>		Employer (See instructions)	
Date <i>01/22/08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Rick Harrison</i>	Amount of contribution (\$) <i>300⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 863, Forney TX 75126</i>			
Principal occupation \ Job title (See instructions) <i>District Attorney</i>		Employer (See instructions)	
Date <i>01/22/08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Faye Beavers</i>	Amount of contribution (\$) <i>200⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 312 Kemp TX 75143</i>			
Principal occupation \ Job title (See instructions) <i>Home maker</i>		Employer (See instructions)	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.