

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

NICKNAME

LAST

SUFFIX

Mr. David BYRNES A

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

Change of Address

P.O. Box 962 Kaufman TX 75142

Date Hand-Delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(972) 287-1239

Receipt #

Amount

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mrs. Janas BYRNES M

Date Processed

Date Imaged

JUL 13

9:52

FILED FOR RECORD
AUSTIN COUNTY TEXAS

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
01/01/09

THROUGH

Month Day Year
06/30/09

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 Bars)

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

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>— 0 —</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>— 0 —</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>— 0 —</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>268.⁰⁰</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>205.90</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>— 0 —</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.

David A. Byrnes
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said David A. Byrnes, this the 13th day of July, 2009, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Karen Jones
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: <i>1 of 3</i>
2 FILER NAME <i>DAVID A. BURNES</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>1/4/09</i>	5 Payee name <i>U.S. Postal Service</i>	7 Amount (\$) <i>58.00</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 Box Rental</i>		9 <input type="checkbox"/> Complete if direct expenditure to benefit C/OH <input type="checkbox"/> Candidate / Officeholder name Office sought Office held
Date <i>1/6/09</i>	Payee name <i>American National Bank</i>	Amount (\$) <i>10.⁰⁰</i>
Payee address; City; State; Zip Code <i>Kaufman, TX 75142</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Bank acct. service chg</i>		<input type="checkbox"/> Complete if direct expenditure to benefit C/OH <input type="checkbox"/> Candidate / Officeholder name Office sought Office held
Date <i>2/1/09</i>	Payee name <i>American National Bank</i>	Amount (\$) <i>10.⁰⁰</i>
Payee address; City; State; Zip Code <i>Kaufman, TX 75142</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Bank acct. service chg</i>		<input type="checkbox"/> Complete if direct expenditure to benefit C/OH <input type="checkbox"/> Candidate / Officeholder name Office sought Office held
Date <i>2/11/09</i>	Payee name <i>Terrell Chamber of Commerce</i>	Amount (\$) <i>50.⁰⁰</i>
Payee address; City; State; Zip Code <i>1314 W. Moore Av. Terrell, TX 75160</i>		
Purpose of payment (See instructions regarding type of information required.) <i>donation</i>		<input type="checkbox"/> Complete if direct expenditure to benefit C/OH <input type="checkbox"/> 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:
273

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

4 Date <i>3/6/09</i>	5 Payee name <i>American National Bank</i>	7 Amount (\$) <i>10.⁰⁰</i>
6 Payee address; City; State; Zip Code <i>Raufman, TX 75142</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>Bank acct. Service chg.</i>	9 <input type="checkbox"/> Complete if direct expenditure to benefit C/OH <input type="checkbox"/> Office held Candidate / Officeholder name Office sought
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Date <i>4/6/09</i>	Payee name <i>Michael Williams Senate Campaign</i>	Amount (\$) <i>100.⁰⁰</i>
Payee address; City; State; Zip Code <i>P.O. Box 717, Austin, TX 78767</i>		

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"/> Office held Candidate / Officeholder name Office sought
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Date <i>4/9/09</i>	Payee name <i>American National Bank</i>	Amount (\$) <i>10.⁰⁰</i>
Payee address; City; State; Zip Code <i>Raufman TX 75142</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Bank acct. Service chg.</i>	9 <input type="checkbox"/> Complete if direct expenditure to benefit C/OH <input type="checkbox"/> Office held Candidate / Officeholder name Office sought
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Date <i>5/1/09</i>	Payee name <i>American National Bank</i>	Amount (\$) <i>10.⁰⁰</i>
Payee address; City; State; Zip Code <i>Raufman, TX 75142</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Bank acct. Service chg.</i>	9 <input type="checkbox"/> Complete if direct expenditure to benefit C/OH <input type="checkbox"/> Office held Candidate / Officeholder name Office sought
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

393

2 FILER NAME

DAVID A. BYRNES

3 ACCOUNT # (Ethics Commission filers)

4 Date

6/1/09

5 Payee name

American National 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 Divid chg.

9 .. Complete if direct expenditure to benefit C/OH ..

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.)

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

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.)

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

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.)

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

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED