

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: <div style="font-size: 2em; text-align: center;">8/8</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <i>MR.</i> NICKNAME:	FIRST: <i>David</i> LAST: <i>BYRNES</i>	MI: <i>A</i> SUFFIX:
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: <i>P.O. Box 962</i> APT / SUITE #: <i>Kaufman</i> CITY: <i>TX</i> STATE: ZIP CODE: <i>75142</i>		
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> NICKNAME:	FIRST: <i>Janas</i> LAST: <i>BYRNES</i>	MI: <i>M</i> SUFFIX:
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): <i>740 Martin Ln. Combine TX</i> CITY: STATE: ZIP CODE: <i>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 type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" 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: <i>02/24/08</i> THROUGH Month Day Year: <i>06/30/08</i>		
11 ELECTION	ELECTION DATE Month Day Year: <i>11/04/08</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" 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:		

OFFICE USE ONLY

Date Received: *2008 JUL 11*

BY: *LAURA A HUGHES*

FILED FOR RECORD KAUFMAN COUNTY TEXAS

Date Hand-Delivered: *A 9:24* Date Postmarked:

Receipt # _____ Amount _____

Date Processed _____

Date Imaged _____

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 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 <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>300.⁰⁰</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>— 0 —</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>12,780.07</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>897.73</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 14th day of July, 2008, to certify which, witness my hand and seal of office.

Annabel Guerrero Annabel Guerrero Deputy Clerk
Signature of officer administering oath Printed name of officer administering oath 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 this Schedule A:

1 of 1

2 FILER NAME

DAVID A. BYRNES

3 ACCOUNT # (Ethics Commission files)

4 Date

4/4/08

5 Full name of contributor out-of-state PAC (ID# _____)

Keith Bice

7 Amount of contribution (\$)

250.⁰⁰

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

P.O. Box 1178
Forney TX 75126

9 Principal occupation \ Job title (See Instructions)

Business owner

10 Employer (See Instructions)

Date

4/4/08

Full name of contributor out-of-state PAC (ID# _____)

Bruce Bryant

Amount of contribution (\$)

50.⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

211 Collins St.
Jewell, Ia 75140

Principal occupation \ Job title (See Instructions)

Construction worker

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

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:
2 of 5

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

4 Date 03/04/08	5 Payee name Crandice Exum	7 Amount (\$) 69. ⁰⁰
6 Payee address; City, State; Zip Code 1356 E. Hwy 175 Crandice, TX 75114		

8 Purpose of payment (See instructions regarding type of information required.) Full 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 3/7/08	Payee name Juice Chamber of Commerce	Amount (\$) 50. ⁰⁰
Payee address; City, State; Zip Code 1314 W. Moore, Juice, TX 75160		

Purpose of payment (See instructions regarding type of information required.) Political donation	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 3/7/08	Payee name Nelson Notes	Amount (\$) 7700. ⁷⁶
Payee address; City, State; Zip Code 10140 CR 4084, Bcurry 24 75158		

Purpose of payment (See instructions regarding type of information required.) Political mailers	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 3/7/08	Payee name The Communicator Newspaper	Amount (\$) 179. ⁵⁰
Payee address; City, State; Zip Code 255 Pole Bridge Rd, Combine, TX 75159		

Purpose of payment (See instructions regarding type of information required.) Campaign Ad	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: 1 of 5

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

4 Date <u>2/25/08</u>	5 Payee name <u>Crandall Exxon</u>	7 Amount (\$) <u>67.⁰⁰</u>
6 Payee address; City, State; Zip Code <u>1356 E. Hwy 175, Crandall TX 75114</u>		

8 Purpose of payment (See instructions regarding type of information required.) <u>Fuel for Campaign</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>2/25/08</u>	Payee name <u>U.S. Postmaster</u>	Amount (\$) <u>1120.48</u>
Payee address; City, State; Zip Code <u>Dallas, TX</u>		

Purpose of payment (See instructions regarding type of information required.) <u>Postage for Campaign</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>2/25/08</u>	Payee name <u>U.S. Postmaster</u>	Amount (\$) <u>2226.²⁷</u>
Payee address; City, State; Zip Code <u>Dallas, TX</u>		

Purpose of payment (See instructions regarding type of information required.) <u>Postage for Campaign</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>3/1/08</u>	Payee name <u>Crandall Exxon</u>	Amount (\$) <u>71.⁰⁰</u>
Payee address; City, State; Zip Code <u>1356 E. Hwy 175, Crandall, TX 75114</u>		

Purpose of payment (See instructions regarding type of information required.) <u>Fuel for Campaign</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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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F:
4 of 5

2 FILER NAME *David A Byrnes* 3 ACCOUNT # (Ethics Commission file)

4 Date <i>3/31/08</i>	5 Payee name <i>Junior Livestock Assoc.</i> Payee address; City; State; Zip Code	7 Amount (\$) <i>200.⁰⁰</i>
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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 <i>4/15/08</i>	Payee name <i>Mabank Vol. Fire Dept.</i> Payee address; City; State; Zip Code <i>Mabank TX</i>	Amount (\$) <i>100.⁰⁰</i>
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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 <i>4/15/08</i>	Payee name <i>Mabank High School</i> Payee address; City; State; Zip Code <i>Mabank, TX</i>	Amount (\$) <i>362.⁴⁵</i>
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Purpose of payment (See instructions regarding type of information required.) <i>Donation for advertising</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>4/15</i>	Payee name <i>Mid America Service</i> Payee address; City; State; Zip Code <i>4928 Beeman Cir. Dallas TX 75223</i>	Amount (\$) <i>248.⁶⁸</i>
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Purpose of payment (See instructions regarding type of information required.) <i>Pool - Provide Lunch Kaufman Leadership Council</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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POLITICAL EXPENDITURES

SCHEDULE F

The **INSTRUCTION GUIDE** explains how to complete this form. **1** Total pages Schedule F:
3 of 5

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

4 Date <i>3/8/08</i>	5 Payee name <i>Chardale Exton</i>	7 Amount (\$) <i>89.00</i>
6 Payee address; City; State; Zip Code <i>1354 E Hwy 175, Chardale, TX 75114</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>Due 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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4 Date <i>3/4/08</i>	5 Payee name <i>American Nat'l Bank</i>	7 Amount (\$) <i>151.23</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>Auction items for fundraiser</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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4 Date <i>2/10/08</i>	5 Payee name <i>Brookshire Gro Store</i>	7 Amount (\$) <i>86.86</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>Food for Environmental Co-op luncheon</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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4 Date <i>3/4/08</i>	5 Payee name <i>American Nat'l Bank</i>	7 Amount (\$) <i>16.85</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>campaign acct. requested</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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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F:
5 of 5

2 FILER NAME *David A. Byrnes* 3 ACCOUNT # (Ethics Commission filer)

4 Date <i>4/29/08</i>	5 Payee name <i>M. S. Postal Service</i> 6 Payee address; City, State, Zip Code <i>Kaufman, TX 75142</i>	7 Amount (\$) <i>41.⁰⁰</i>
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8 Purpose of payment (See instructions regarding type of information required.) *Stamps for campaign* 9 Candidate / Officeholder name Office sought Office held

Date	Payee name Payee address; City, State, Zip Code	Amount (\$)
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Purpose of payment (See instructions regarding type of information required.) Candidate / Officeholder name Office sought Office held

Date	Payee name Payee address; City, State, Zip Code	Amount (\$)
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Purpose of payment (See instructions regarding type of information required.) Candidate / Officeholder name Office sought Office held

Date	Payee name Payee address; City, State, Zip Code	Amount (\$)
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Purpose of payment (See instructions regarding type of information required.) Candidate / Officeholder name Office sought Office held

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