

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:
3/3^{pg}

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: *Mr.* FIRST: *David* MI: *A.*
NICKNAME: LAST: *Byrnes* SUFFIX:

OFFICE USE ONLY

Date Received: **JAN 16 A 8 51**
Date Hand-delivered: **8 51**
Date Postmarked:
Receipt #:
Amount:
Date Processed:
Date Imaged:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
740. Martin Lane Combine TX 75159

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

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

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: *Mrs.* FIRST: *JAMES* 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 Lane Combine TX 75159

8 CAMPAIGN TREASURER PHONE

AREA CODE: *(972)* PHONE NUMBER: *287.1239* EXTENSION:

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
07/01/06 THROUGH *12/31/06*

11 ELECTION

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

12 OFFICE

OFFICE HELD (if any): *Kaufman County 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

16 ACCOUNT # (Ethics Commission filers)

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 \$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 2000.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 60.00
Bank charges

4. TOTAL POLITICAL EXPENDITURES \$ 40.00

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 2,052.31

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

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 16th day of Jan., 2007, 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 Schedule A:
1 of 1

2 FILER NAME
David A. Byrnes

3 ACCOUNT # (Ethics Commission filers)

4 Date
12/18/06

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

6 Contributor address; City; State; Zip Code
*240 Robinson Road
Combine TX 75159*

7 Amount of contribution (\$)
1,000.⁰⁰

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)
President

10 Employer (See Instructions)
Smalley Foundation

Date
12/18/06

Full name of contributor out-of-state PAC (ID# _____)
Danny D. Smalley

Contributor address; City; State; Zip Code
*240 Robinson Road, Combine TX
75159*

Amount of contribution (\$)
1,000.⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)
Founder of Smalley Foundation

Employer (See Instructions)
Smalley Foundation

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.