

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Burds, Brian (Mr.)

15 ACCOUNT # (Ethics Commission filers)
12345687

16 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. ..

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

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	25.00
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	125.00
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	55.83
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4. TOTAL POLITICAL EXPENDITURES	\$	1,856.49
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CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	268.51
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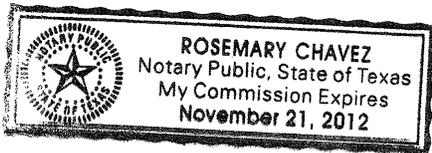
OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	2,000.00
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CITY CLERK DEPT.
09 APR - 9 PM 3:04

18 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.



[Handwritten Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Brian Burds, this the 9 day of April, 2009, to certify which, witness my hand and seal of office.

Rosemary Chavez
Signature of officer administering oath

Rosemary Chavez
Print name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/2 Report: 5/6
2 FILER NAME Burds, Brian (Mr.)		3 ACCOUNT # (Ethics Commission filers) 12345687
4 Date 02/23/2009	5 Payee name Amigo Signs 6 Payee address; City; State; Zip Code 9584 Dyer El Paso, TX 79924	7 Amount (\$) \$460.06
8 Purpose of payment (See instructions regarding type of information required.) Sign Materials (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 03/09/2009	Payee name Amigo Signs Payee address; City; State; Zip Code 9584 Dyer El Paso, TX 79924	Amount (\$) \$369.00
Purpose of payment (See instructions regarding type of information required.) Sign Materials (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 02/25/2009	Payee name Loves Payee address; City; State; Zip Code 4531 Woodrow Bean El Paso, TX 79924	Amount (\$) \$35.77
Purpose of payment (See instructions regarding type of information required.) Sign Materials (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 02/27/2009	Payee name Loves Payee address; City; State; Zip Code 4531 Woodrow Bean El Paso, TX 79924	Amount (\$) \$15.65
Purpose of payment (See instructions regarding type of information required.) Sign Materials (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

09 APR - 9 AM 3:05
CITY CLERK DEPT.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/2 Report: 6/6
2 FILER NAME Burds, Brian (Mr.)		3 ACCOUNT # (Ethics Commission filers) 12345687
4 Date 03/02/2009	5 Payee name Lowe's 6 Payee address; City; State; Zip Code 4531 Woodrow Bean El Paso, TX 79924	7 Amount (\$) \$6.80
8 Purpose of payment (See instructions regarding type of information required.) Sign Materials (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 03/30/2009	Payee name Lowe's Payee address; City; State; Zip Code 4531 Woodrow Bean El Paso, TX 79924	Amount (\$) \$20.90
Purpose of payment (See instructions regarding type of information required.) Sign Materials (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 02/23/2009	Payee name PS Print Payee address; City; State; Zip Code 2861 Mandela Parkway Oakland, CA 94608	Amount (\$) \$346.98
Purpose of payment (See instructions regarding type of information required.) Campaign Flyers (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 03/30/2009	Payee name PS Print Payee address; City; State; Zip Code 2861 Mandela Parkway Oakland, CA 94608	Amount (\$) \$545.50
Purpose of payment (See instructions regarding type of information required.) Campaign Doorhangers (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held: