

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) 12345687	2 PAGE # 1 of 4
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Brian NICKNAME LAST SUFFIX Burds	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 10538 Crete El Paso, TX 79924	Date Received	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Mary NICKNAME LAST SUFFIX Camacho	Date Hand-delivered or Date Postmarked	Receipt # Amount
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE TX		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 751-1500		
8 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 type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 03/31/2009 05/01/2009		
10 ELECTION	ELECTION DATE Month Day Year 05/09/2009	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) El Paso City Representative District 4	
13 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		

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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. ..

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

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17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 180.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 4,830.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 322.00

4. TOTAL POLITICAL EXPENDITURES \$ 4,395.00

CONTRIBUTION BALANCE

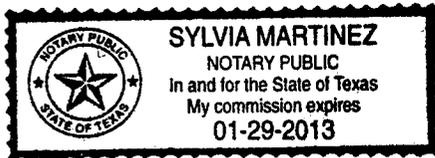
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 1,046.24

OUTSTANDING LOAN TOTALS

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

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 4th day of May, 2009, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Sylvia Martinez
Print name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/1 Report: 3/4	
2 FILER NAME Burds, Brian (Mr.)		3 ACCOUNT # (Ethics Commission filers) 12345687	
4 Date 04/05/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bouck, Steven 6 Contributor address; City; State; Zip Code 35 Iron Point Circle Folsom, CA 95630	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 04/05/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chambliss, DW (Mr.) Contributor address; City; State; Zip Code 5435 Sur Mer Dr El Dorado, TX 95762	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/05/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Little, Darnelle Contributor address; City; State; Zip Code 1971 Brook Mar Dr. El Dorado, CA 95762	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/10/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TREPAC Contributor address; City; State; Zip Code P.O. Box 2246 Austin, TX 78768	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Texas Association of Realtors Political Action Committee		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) PAC	
Date 04/05/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wayne, George Contributor address; City; State; Zip Code 5595 Westside El Paso, TX 79932	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/1 Report: 4/4

2 FILER NAME Burds, Brian (Mr.)

3 ACCOUNT # (Ethics Commission filers)
12345687

4 Date 04/23/2009	5 Payee name Amigo Signs 6 Payee address; City; State; Zip Code 9584 Dyer El Paso, TX 79924	7 Amount (\$) \$373.00
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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:
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Date 04/25/2009	Payee name Amigo Signs Payee address; City; State; Zip Code 9584 Dyer El Paso, TX 79924	Amount (\$) \$450.00
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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:
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Date 04/26/2009	Payee name Amigo Signs Payee address; City; State; Zip Code 9584 Dyer El Paso, TX 79924	Amount (\$) \$250.00
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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:
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Date 04/15/2009	Payee name Uhaul of El Paso Payee address; City; State; Zip Code 6335 N Mesa El Paso, TX 79912	Amount (\$) \$3,000.00
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Purpose of payment (See instructions regarding type of information required.) Banner Truck purchase (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:
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