

Official Public Records of Harris County Stan Stanart County Clerk

Campaign Finance Report



Stan Stanart

COUNTY CLERK HARRIS COUNTY, TEXAS

FileNo:

2017179

Received By Clerk:

7/10/2017

File Date:

July 10, 2017

Office:

Justice Of The Peace Pct. 7, Place 2

Candidate:

Burney, Zinetta

Treasurer:

Burney, Sharon M.

Category:

Contributions And Expenditures

Delivered By:

Personal Appearance

Type:

COR

Harris County No Fee

CAMPAIGI	FORM JC/OH COVER SHEET PG 1		
The JC/OH Instruction C	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER	MS/MRS/MR FIRST	MI	OFFICE USE ONLY
NAME	NICKNAME LAST, BURNEY	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #; 5218 TIEN WE /hvstow TX 7	STATE; ZIP CODE	
Change of Address	MUSTON IX 7	100 -	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (7/3) 538- 2370	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST	BURNEY	Receipt # Amount \$ Date Processed
NAME	NICKNAME LAST	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE). APT. 3019 PROS PECA 1 FOVS TOW, TA -	SUITE #; CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (7/3) 295-957	EXTENSION	
9 REPORT TYPE	January 15 30th day before	e election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 Bth day before	election Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THR	OUGH 6/9/	/ 2017
11 ELECTION	ELECTION DATE Month Day Year Primary General	Description Special	E
12 OFFICE	PRECINCY OF THE PER PRECINCY 1, PLACE 2	13 OFFICE SOUGHT (If kno	own)
	HAMMIS COUNTY		•
	GO ['] TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

14 JG/OH NAME		15 Filer ID (Ethics Commission Filers)						
16 NOTICE FROM POLITICAL COMMITTEE(S)	POLITICAL SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S							
	COMMITTEE TYPE COMMITTEE NAME GENERAL COMMITTEE ADDRESS							
	SPECIFIC							
Additional Pages	COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS							
17 CONTRIBUTION TOTALS	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAT PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	AN \$ -0 -						
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -0-						
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OF LESS, UNLESS ITEMIZED	\$ -0-						
	4. TOTAL POLITICAL EXPENDITURES	\$ -0 -						
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$ 902.24						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD							
18 AFFIDAVIT	·							
S sy	true and correct and includes all infunder Title 15, Election Code. Commission Expires August 05, 2019 True and correct and includes all infunder Title 15, Election Code. Support Title 15, Election Code.	perjury, that the accompanying report is cormation required to be reported by me diddate or Officebolder						
AFFIX NOTARY STAM	P/SEALABOVE 7GAN AUDINGS	2 5/1						
Sworn to and subsci	ibed before me, by the said	, this the						
Signature of officer a	dministering oath Printed name of officer administering oath	Notary Title of officer administering oath						
Signature of officer a	Chilled Hame of Onces administering Date	Title of Ginea Continuation ing Gain						

FORM JC/OH

S	SUBTOTALS - JC/OH	COVERS	HEET PG 3
19	FILER NAME	20 Filer ID (Ethics Com	mission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$ -0-
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ -0 -
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$ -0 -
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$ -0-
5	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ -0 -
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ -0 -
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$ -0 -
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ -0 -
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	3	\$ -0 -
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	5-0-
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	DNTRIBUTIONS	\$-0-
12,	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	NS RETURNED	<u>\$_0</u> _

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

	1	he Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J)1:
2	FILER NAME		3 Filer ID (Ethics Commission Filers)
4	Date	5 Full name of contributor aut-of-state PAC ID*	7 Amount of contribution .(\$)
8	Contributor's	principal occupation 9 Contributor's job title	
10	Contributor's	employer/law firm 11 Law firm of contributor	's spouse (if any)
12	If contributor i	s a child, law firm of parent(s) (if any)	
	Date	Full name of contributor	Amount of contribution (\$)
		Contributor address; City; State; Zlp Code	
	Contributor's	principal occupation Contributor's job title	10 YEAR 11 YEA
	Contributor's	employer/law firm	's spouse (if any)
	If contributor I	s a child, law firm of parent(s) (if any)	
	Date	Full name of contributor	Amount of contribution (\$)
		Contributor address; City; State: Zip Code	
	Contributor's	principal occupation Contributor's job title	
	Contributor's	employer/law firm of contributor	's spouse (if any)
	If contributor i	s a child, law firm of parent(s) (if any)	
	 I	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS I f contributor is out-of-state PAC, please see instruction guide for additional	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Th	e Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAMI	E		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 . Date	6 Full name of contributor)	8 Amount of . 9 In-kind contribution Contribution \$. description
	7 Contributor address; City; State; Zip Coc		Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	Is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		COP
· Date	Full name of contributor out-of-state PAC (IDs: Contributor address; City; State; Zip Co	de	Amount of In-kind contribution Contribution \$. description Check if travel outside of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
<u> </u>			
If	ATTACH ADDITIONAL COPIES OF Contributor is out-of-state PAC, please see instruction		

PLEDGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B(J)

	'		
Т	he Instruction Guide explains how to complete this fo	erm.	1 Total pages Schedule B(J):
2 FILER NAME	,		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF	UNITEMIZED PLEDGES		\$
5 Date	6 Full name of pledgor out-of-state PAC (ID#:		8 Amount 9 In-kind contribution description
	i	•	Check if travel outside of Texas. Complete Schedule T.
10 Pledgor's prir	ncipal occupation	11 Pledgor's job	title
12 Pledgor's em		13 Law firm of p	eledgor's spouse (if any)
14 If pledgor is a	child, law firm of parent(s) (if any)		
Date	Full name of pledgor out-of-state PAC (ID#:		Amount In-kind contribution of Pledge \$ description
	Pledgor address; City: State; Z	ip Code	Check if travel outside of Texas. Complete Schedule T.
Pledgor's prii	ncipal occupation	Pledgor's job	title
Pledgor's em	ployer/law firm	Law firm of p	oledgor's spouse (if any)
If pledgor is a	a child, law firm of parent(s) (If any)		
Date	Full name of pledgor ut-of-state PAC (ID#:		Amount In-kind contribution of Pledge \$ description
	Pledgor address; City; State; Z	ip Code	
Pledgor's pri	ncipal occupation	Pledgor's job	Check if travel outside of Texas. Complete Schedule T.
i loogoru piii	Topal Cocapation		
Pledgor's em	ployer/law firm	Law firm of p	oledgor's spouse (if any)
If pledgor is a	a child, law firm of parent(s) (if any)		
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see instr		

LOANS (JUDICIAL)			٠	SCHEDULE E(J)
The Ir	estruction Guide explains ho	w to complete this	form.		1 Total pages Schedule E(J):
2 FILER NAME				·	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	TEMIZED LOANS				\$
5 Date of loan	7 Name of lender	out-of-state PAC	(ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution? Y N	8 Lender address;	City;	State;	Zlp Code	10 Interest rate 11 Maturity date
12 Lender's Principal	Occupation		13 Lender's	Job Title	
14 Lender's Employer	/Law Firm		15 Law Firm	n of lender's spor	use (If any)
16 If lender is a child,	law firm of parent(s) (if any)				
17 Description of Coll	ateral		18 Check if account	personal funds v (See Instructions	were deposited into political s)
19 GUARANTOR INFORMATION	20 Name of guaranto			· · · · · · · · · · · · · · · · · · ·	22 Amount Guaranteed (\$)
not applicable	21 Guarantor address;	City;	State;	Zip Code	
23 Guarantor's Princi	DBI Occupation	<u> </u>	24 Guaran	tor's Job Title	
25 Guarantor's Emplo	yer/Law Firm		26 Law Fir	m of guarantor's	spouse (if any)
27 If guarantor is a ch	nild, law firm of parent(s) (if a	any) ·			- Andrewski - Transis
			u.	-	
					·
		·			
If to	ATTACH ADDI	TIONAL COPIES			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees

Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers
Zate	5 Payee name		
Amount (\$)	7 Payee address; City; State; Zip Code		,
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	<u> </u>	utside of Texas. Complete Schedule T.
· · · · · · · · · · · · · · · · · · ·			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	· Office sought	Office held
Date	Payee name	·	
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		tside at Texas. Complete Schedule T. TX, officeholder flying expense
Complete <u>ONLY</u> If direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		***************************************
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Accounting/Banking Consulting Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel in District Travel Out Of District Contributions/Donations Made By Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date 6 Payee name 7 Amount (\$) 8 Payee address; City; State; Zip Code TYPE OF Non-Political EXPENDITURE Political 10 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check it travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense EXPENDITURE 11 Complete ONLY if direct Office sought Office held Candidate / Officeholder name expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code TYPE OF Non-Political Political EXPENDITURE Description Category (See Categories listed at the top of this schedule) Check if travel outside of Taxas. Complete Schedule T. PURPOSE · OF EXPENDITURE Check If Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

ד	The Instruction Guide explains how to complete this form.
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased
	6 Address of person from whom investment is purchased; City; State; Zip Code
	7 Description of Investment
	8 Amount of investment (\$)
Date	Name of person from whom investment is purchased
	Address of person from whom lavestment is purchased; City; State; Zip Code
	Description of investment .
	Amount of investment (\$)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

		•			3Cn	EDULE I -
	EXPEN	DITURE CATEG	ORIES FOR B	OX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics		Expense Imorlais Expense	Loan Repayment/R Office Overhead/R Polling Expense Printing Expense Salaries/Wages/Co	ental Expense	Travel In District Travel Out Of Distr	ipment & Related Expens
	The Instruc	tion Guide explain	s how to complet	e this form.		
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics	Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURE	S CHARGED	TOACREDIT	CARD	\$	
5 Date	6 Payee name					
7 Amount (\$)	8 Payee address;	City; State;	Zip Code			
9 TYPE OF EXPENDITURE	Political		Non-Political			
10	(a) Category (See Categori	es listed at the top of this	s schedule)	(b) Descriptio	n	
PURPOSE		4		Check If I	travel outside of Texas. Co	mplete Schedule T.
OF EXPENDITURE				Check if	Austin, TX, officeholde	r living expense
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Office	ahölder name	Office s	ought '	Office	held .
Date	Payee name					
Amount (\$)	Payee address;	City; State;	Zip Code			
TYPE OF EXPENDITURE	Political		Non-Political			
PURPOSE OF EXPENDITURE	Category (See Categori	es listed at the top of thi	s schedule)	=	on travel outside of Texas. Co f Austin, TX, officeholds	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Office H	eholder name	Office s	ought	Office	held
	ATTACH ADDITIO	NAL COPIES O	F THIS SCHE	DULE AS NE	EDED	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 6(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundralsing Expense : Transportation Equipment & Related Expense Travel In District

Travel Out Of District
Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how t	o complete this form.
1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	,
Reimbursement from political contributions intended		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder (living expense)
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	- AREA (1947-1)
Reimbursement from political contributions intended		
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description Check it travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officehölder name OH	Office sought Office held
Date	Payee name	•
Amount (\$)	Payee address; City; State; Zlp Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politics Credit Card Payment	al Committee	Legal Services		Salaries	/Wages/Contract Labor	Other (enter a	category not listed above))
,		The Instruc	tion Guide exp	lains how to	complete this form.			
1 Total pages Schedule H:	2 FILER NAI	ME				3 Filer ID	Ethics Commission File	118)
4 Date	5 Business n	ame						
6 Amount (\$)	7 Business a	ddress;	City; State;	Zip Code				•
8 PURPOSE OF EXPENDITURE	(a) Category (t	See Categories II	sted at the top of ti	nis schedute) ($\overline{}$	iside of Texas. Complete		
9 Complete ONLY if direct expenditure to benefit C/OH		a / Officehol	der name		Office sought		Office held	
Date	Business n	ame			<u> </u>			
Amount (\$)	Business a	nddress;	City, State;	Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories li	sted at the top of t	his schedule)	_	tside of Texas. Complete , TX, officeholder livin		
Complete ONLY if direct expenditure to benefit C/OH		e / Officehol	der name		Office sought		Office held	
Date	Business r	ame						
Amount (\$)	Business a	address;	City; State;	Zip Code	-	· · · · ·		
PURPOSE OF EXPENDITURE	Category (See Categories l	isted at the top of t	his schedule)		tside of Texas. Complete , TX, officeholder livin		
Complete ONLY if direct expenditure to benefit C/OH		e / Officehol	der name '	1_	Office sought		Office held	
	ATTA	CH ADDITIO	ONAL COPIE	S OF THIS	SCHEDULE AS N	IEEDED		

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The instruction Guide explains how to complete this form.				
1 Total pages Schedule I:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Instructions for examples of acceptable categories.) (b) Description (See Instructions regarding type of Information required.)			
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Instructions for examples of acceptable categories.) Description (See Instructions regarding type of Information required.)			
Date	Payee name			
Amount (\$)	Payee address; City; State: Zip Code			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Description (See instructions regarding type of information required.)			
Date	Payee name			
Amount (\$)	Рауев address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Description (See instructions regarding type of information required.)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The instruction Guide explains how to complete this form.	1 Total pages Schedule K:			
2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
4 Date 5 Name of person from whom amount is received	8 Amount (\$)			
6 Address of person from whom amount is received; City; State;	Zlp Code			
7 Purpose for which amount is received Check if p	political contribution returned to filer			
Date Name of person from whom amount is received	Amount (\$)			
Address of person from whom amount is received; City; State;	Zip Ćode			
Purpose for which amount is received Check if p	political contribution returned to filer			
Date Name of person from whom amount is received	Amount (\$)			
Address of person from whom amount is received; City; State;	Zip Code			
Purpose for which amount is received Check if p	political contribution returned to filer			
Date Name of person from whom amount is received	Amount (\$)			
Address of person from whom amount is received; City; State;	Zip Code			
Purpose for which amount is received Check if p	political contribution returned to filer			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

OUTSTANDING LOANS		SCHEDULE L		
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule L:		
2 FILER NAME	,	3 Filer ID (Ethics Commission Filers)		
LENDER INFORMATION	4 Name of lender			
	5 Lender address; City; State; Zip Code			
GUARANTOR INFORMATION	6 Name of guarantor			
not applicable	7 Guarantor address; City; State; Zip Code			
LENDER INFORMATION	Name of lender			
	Lender address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·		
GUARANTOR INFORMATION	Name of guarantor	***************************************		
not applicable	Guarantor address: City; State; Zip Code			
LENDER INFORMATION	Name of lender			
	Lender address; City; State; Zip Code			
GUARANTOR INFORMATION	Name of guarantor			
not applicable	Guarantor address; City; State; Zip Code			
LENDER INFORMATION	Name of lender	•		
	Lender address; City; State; Zip Code			
GUARANTOR INFORMATION	Name of guarantor	· · · · · · · · · · · · · · · · · · ·		
not applicable	Guarantor address; City; State; Zip Code			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

ASSETS VALUED AT \$500 OR MORE	SCHEDULE M			
The Instruction Guide explains how to complete this form.	tal pages Schedule M:			
2 FILER NAME ZINETTA BURNEY 3 FIL	ier ID (Ethics Commission Filers)			
HOMESTEAD 5218 THEMUESTE	R phoeston, Amo			
Description of Asset RENTAL PROPERTY 3109 PROSPECT	Mrston, Dr nag			
2016 MENCEDES AUTOMOBILE				
Description of Asset MSETIDE FULLITURE				
Description of Asset OffisE BANK ACCOUNT				
Description of Asset UNITY BANK ACCOUNT				
Description of Asset				
Description of Asset				
Description of Asset				
Description of Asset				
Description of Asset .				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS SCHEDULE T The instruction Guide explains how to complete this form. 1 Total pages Schedule T: 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on: Schedule A2 Schedule D Schedule F1 Schedule B(J) Schedule C2 Schedule COH-UC Schedule B-SS Schedule F2 Schedule F4 Schedule H Schedule G 6 Dates of travel 7 Name of person(s) traveling 8 Departure city or name of departure location 9 Destination city or name of destination location 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Piedgor / Payee Contribution / Expenditure reported on: Schedule B(J) Schedule A2 Schedule B Schedule C2 Schedule D Schedule F1 Schedule H Schedule COH-UC Schedule B-SS Schedule F2 Schedule G Schedule F4 Dates of travel Name of person(s) traveling Departure city or name of departure location Destination city or name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule COH-UC Schedule B-SS Schedule F2 Schedule G Schedule H Schedule F4 Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Purpose of travel (including name of conference, seminar, or other event) Means of transportation ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form. Complete only if "Report Type" on page 1 is marked "Final Report" ••					
1	C/OH N	IAME	2 Filer ID (Ethics Commission Filers)		
3	SIGNA	TURE			
	ing a re	expect any further political contributions or political expenditures in con port as a final report terminates my campaign treasurer appointment tions or make any campaign expenditures without a campaign treasur	I also understand that I may not accept any campaign		
4	FILER	WHO IS NOT AN OFFICEHOLDER	OCCORPENIA WAY		
		plete A & B below <i>only</i> if you are not an officeholder. ••	RECORDER'S MEMORANDUM: At the time of recordation, this instrument was		
	A.	CAMPAIGN FUNDS	reproduction because of illegibility, carbon or		
	Chect	k only one:	additions and changes were present at the time the instrument was filed and reserves:		
		I do not have unexpended contributions or unexpended interest or in	come earned from political contributions.		
	B. Chiecl	I have unexpended contributions or unexpended interest or income may not convert unexpended political contributions or unexpended personal use. I also understand that I must file an annual report unexpended contributions or unexpended interest or income earned of this final report. Further, I understand that I must dispose of unexperinceme earned on political contributions in accordance with the requirements of the purchased with political contributions or interest or that I may not convert assets purchased with political contributions or personal use. I also understand that I must dispose of assets purchased requirements of Election Code, § 254.204.	interest or income earned on political contributions to of unexpended contributions and that I may not retain on political contributions longer than six years after filing inded political contributions and unexpended interest or rements of Election Code, § 254.204. It or other income from political contributions. Other income from political contributions. I understand in interest or other income from political contributions to		
			Signature of Candidate		
5		EHOLDER plete this section <i>only</i> if you are an officeholder			
		I am aware that I remain subject to filing requirements applicable to an offile. I am also aware that I will be required to file reports of unexpended officeholder, I retain political contributions, interest or other income from cal contributions or interest or other income from political contribution	contributions if, after filing the last required report as an applitical contributions, or assets purchased with politi-		
			Signature of Officeholder		