

Filer name

### AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2024, a candidate or officeholder who has accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in any calendar year must file all subsequent reports electronically.

(D) OFFIC	EUSEONLY
Date Nece ved	
JUL	1 5 2025
ADMINISTRAT	TION DEPARTMENT
Date Hand-delive	FR HEIGHTS, TEXAS red or Date Postmarked
By:	
Receipt#	Amount \$
Date Processed	
Date Imaged	

- 1. I swear or affirm that I have not accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in a calendar year.
- I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.

Filer ID#

- I further swear or affirm that no person acting as my agent or consultant, and no person with whom I
  contract, uses computer equipment to keep current records of political contributions, political
  expenditures, or persons making political contributions to me.
- 4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$32,810 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 5. I am filing this affidavit with the <u>Semi-Annual</u> report due on <u>15 July 2025</u>.

  I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

#### Please complete either option below:

(1) Affidavit			
NOTARY STAMP/SEAL		Signat	ure of Filer
Sworn to and subscribed before me by, to certify which, witness my		this the	day of,
Signature of officer administering oath	Printed name of officer administering oath		Title of officer administering oath
	, and my date street) , on the 15 day	of July (month)	1 20 25
FILERS WHO AR	E EXEMPT FROM THE ELECTRONIC F	LING REQU	JIREMENT

ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER

#### CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. MS / MRS/ MR FIRST MI 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received SUFFIX NICKNAME ZIP CODE ADDRESS / PO BOX: 4 CANDIDATE / **OFFICEHOLDER** MAILING **ADDRESS** Change of Address EXTENSION AREA CODE PHONE NUMBER 5 CANDIDATE/ Date Hand-delivered or Date Postmarked OFFICEHOLDER PHONE Receipt # Amount \$ 6 CAMPAIGN MS / MRS / MR FIRST MI TREASURER Date Processed NAME SUFFIX NICKNAME Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7 CAMPAIGN TREASURER **ADDRESS** (Residence or Business) 8 CAMPAIGN PHONE NUMBER **EXTENSION** TREASURER PHONE 9 REPORT TYPE 30th day before election 15th day after campaign January 15 Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month COVERED THROUGH ELECTION DATE ELECTION TYPE 11 ELECTION Primary Runoff **General** Special OFFICE HELD (f any) 13 OFFICE SOUGHT (if known) 12 OFFICE THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE 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 OFFICEHOLDER'S REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

CAMPAIGN	FINANCE REPORT	
5 C/OH NAME	16 Filer	ID (Ethics Commission Filers)
7 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 100000
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 258 54
	4. TOTAL POLITICAL EXPENDITURES	\$ 18687.12
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY     OF REPORTING PERIOD	\$ 108.72
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 15585.00
	Signature of Candidate  Please complete either option below:	or Officeholder
	Please complete either option below.	
1) Affidavit		
NOTARY STAMP/SEA		7
Sworn to and subscribed		_ day of
20, to certify	which, witness my hand and seal of office.	
Signature of officer administ	ering oath Printed name of officer administering oath	Title of officer administering oath
	OR .	
(2) Unsworn Declarat		
My name is Briar	Burt, and my date of birth is _	1010 1110
My address is	(street) (city) (state)	(zip code) (country)
Executed in Bel	County, State of Texas, on the 15 day of (month)	
	Signature of Candidate/Off	ficeholder (Declarant)

### SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

19 FILER NAME	Brian Burt	20 Filer ID (Ethics Co	mmission Filers)
21 SCHEDULE SUB NAME OF SCHED			SUBTOTAL AMOUNT
1. SCHE	DULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 100000
2. SCHE	DULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		s
3. SCHE	DULE B: PLEDGED CONTRIBUTIONS		S
4. SCHE	DULE E: LOANS		\$ 15,585.00
5. SCHEE	DULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COM	ITRIBUTIONS	\$ 15,585,00 \$ 9,58502
6. SCHEE	DULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEE	DULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	ONTRIBUTIONS	\$
8. SCHED	DULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHED	DULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	os	\$ 9,84356
10. SCHED	ULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11. SCHED	ULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	ITRIBUTIONS	\$
12. SCHED	ULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	ONS RETURNED	\$

### MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete this form	m.	1 Total pages Schedule A1:
2 FILER NAME	Brian Burt		3 Filer ID (Ethics Commission Filers)
4 Date 26 Apr 2005	5 Full name of contributor out-of-state PAC (ID#)  Steven Rodriguez  6 Contributor address; City; St.  515 Wallaby Cir., Harker Heighter	tate; Zip Code	7 Amount of contribution (\$) \$\begin{align*} \text{P   00000}
Deutie		Employer (See Instruction Self Employe	
Date	Full name of contributor		Amount of contribution (\$)
	Contributor address; City; St		
Principal occup	ation / Job title (See Instructions)	Employer (See Instructio	ons)
Date	Full name of contributor out-of-state PAC (ID#_ Contributor address; City; Sta		Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instructio	ins)
Date	Full name of contributor	ate; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ns)
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEE	EDED

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 1/1/2024

#### LOANS SCHEDULE E If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED LOANS 7 Name of lender out-of-state PAC (ID#:\_ Loan Amount (\$) Is lender 8 Lender address; State; Zip Code a financial Institution? YN 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) Technology Cousulting 15 Check if personal funds were deposited into political none account (See Instructions) 16 GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address; City; State: Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Date of loan Name of lender out-of-state PAC (ID#:\_ Loan Amount (\$) Is lender Interest rate Lender address: State; Zip Code a financial Institution? Maturity date Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none GUARANTOR Name of guarantor Amount Guaranteed (\$) INFORMATION Guarantor address; City: State: Zip Code not applicable Principal Occupation (See Instructions) Employer (See Instructions)

ATTACHADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic		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 Other (enter a category not listed above)				
Credit Card Payment	The Instruction Guide explain	s how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME Brian Bur	+	3 Filer ID (Ethics Commission Filers)				
2 May 2025	5 Payee name Kawauda PolK						
\$ 1000°C	Amount (\$)  Payee address:  City: State: Zip Code  \$ 100000 812 Lisa Lane, Kilken, TX 76543						
8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  (b) Description  Consulting Expense  Compaign Manager							
	(c) Check if travel outside of Texas. Complete So	chedule T. Check if Austi	n, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/O	Office held						
Date	Payee name						
3 May 2025	3 May 2025 Hampton Inn						
Amount (\$)	mount (\$) Payee address; City; State; Zip Code						
\$ 26500	126 E. Central TX Exp	1, Harker Height	5, TX 76548				
PURPOSE OF EXPENDITURE	Event Expense	Redule) Description	Penta/				
	Check if travel outside of Texas. Complete Sc	hedule T. Check if Austin	n, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held				
Date	Payee name						
8 May 2025	Graygroots Nation	7					
Amount (\$) \$ 5000 00	Payee address: P.D. Box 59, Lampas	city:	State; Zip Code				
PURPOSE OF EXPENDITURE  Category (See Categories listed at the top of this schedule)  Consulting Expense  Campaign Cansulting							
	Check if travel outside of Texas. Complete Sci	nedule T. Check if Austin	, TX, officeholder living expense				
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **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 I egal Services 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
Other (enter a category not listed above)

Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date State: Zip Code 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Zip Code Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Zip Code PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. 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

### SCHEDULE G

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Candidate/Officeholds Credit Card Payment		Event Expense Fees Food/Beverage Expense Gitl/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Over Polling Exp Printing Ex Salaries/W	pense lages/Contract Labor	Solicitation/Fundraisir Transportation Equipn Travel In District Travel Out Of District Other (enter a categor	nent & Related Expense	
1 Total pages Schedu	ule G: 2 FILER NA	ME Brian B	art		3 Filer ID (Ethics	Commission Filers)	
4 Date 28 Apr 202	5 Payee nam	ne CO					
Amount (\$) Reimbursement political contributintended		iress: E. FM 2410, Har	Kert	Heights, TX	TLEST State:	Zip Code	
PURPOSE OF EXPENDITURE	Food	(See Categories listed at the top of this so		(b) Description			
9		check if travel outside of Texas. Complete Sch	200000000000000000000000000000000000000		TX, officeholder living ex		
Complete ONLY if dire expenditure to benefit	ct	ate / Officeholder name	(	Office sought		Office held	
29 Aprox	Payee nam 5 Stav	bucks					
Amount (\$) #//- 3-7 Reimbursement f political contribut intended		less: Central Texas t	Stpy, 1	HarkerHeigh	This, TX F6.	Zip Code	
PURPOSE OF EXPENDITURE	Food	(See Categories listed at the top of this so		Description Coffee			
		Check if travel outside of Texas. Complete Sch			TX, officeholder living ex		
Complete ONLY if of expenditure to bene	direct	ate / Officeholder name		Office sought		Office held	
36AP1202	Payee nam 5 44	bucks					
Amount (\$)  Reimbursement fi political contribut intended		ress: eutra / Texes Expy	, Hart	City: Ker Heights,	State;	Zip Code	
PURPOSE OF EXPENDITURE	Food	(See Categories listed at the top of this sch		Coffee			
		heck if travel outside of Texas, Complete Sche	100000000000000000000000000000000000000		TX, officeholder living ex		
Complete <u>ONLY</u> if direct expenditure to benefit (	ct	ite / Officeholder name		Office sought	3 -	Office held	
	ATTA	CH ADDITIONAL COPIES OF	THIS SC	HEDULE AS NEED	ED		

#### SCHEDULE G

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Ma Candidate/Officeholder/Po Credit Card Payment	Fees Cod/Beverage Expense P ade By Gift/Awards/Memorials Expense P	oan Repayment/Reimbursement office Overhead/Rental Expense tolling Expense trinting Expense salaries/Wages/Contract Labor tow to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)				
1 Total pages Schedule	G: 2 FILER NAME Brian Burt		3 Filer ID (Ethics Commission Filers)				
30 Apr 2029 Starbucks							
7 Payee address; City; State; Zip Code  Reimbursement from political contributions intended  7 Payee address; City; State; Zip Code  7 Payee address; Texas 74846							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched	(b) Description					
	(c) Check if travel outside of Texas. Complete Schedul	le T. Check if Austin.	, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held				
Date 2025	Payee name Kawarda Polk						
Amount (\$)  \$ 500 00  Reimbursement from political contributions intended	Payee address: 812 Lisa Lane, Killeen, T	T F6 543 city:	State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	Compaign 1	Manager				
	Check if travel outside of Texas, Complete Schedul	eT Check if Austin.	, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit (		Office sought	Office held				
2 May 2026	Payee name Krwanda Polk						
Amount (\$)  Reimbursement from political contributions intended		en, TX 76543	State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this scheduled Consulting Capunse  Check if travel outside of Texas. Complete Schedule	Campaign	Manager TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held				
	ATTACH ADDITIONAL COPIES OF TH	HIS SCHEDULE AS NEED!	ED				

### SCHEDULE G

			EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
1	Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Candidate/Officeholder Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Over Polling Ex Printing E: Salaries/V	xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
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4	Date 3 May 2021	5 Payee na	pton Inn				
6	Amount (\$)		Central Texas GA	y, Ha	rKerHeigh	State; Zip Code 45, TX 76548	
8	PURPOSE OF EXPENDITURE	OF Event Corrences Lorum Dental					
		(c)	Check if travel outside of Texas, Complete Sch	nedule T.	Check if Austin	, TX, officeholder living expense	
	omplete <u>ONLY</u> if direct penditure to benefit (	ot .	ate / Officeholder name		Office sought	Office held	
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_			Check if travel outside of Texas. Complete Sch	nedule T.	Check if Austin	, TX, officeholder living expense	
	Complete ONLY if di expenditure to benef	irect	ate / Officeholder name		Office sought	Office held	
	5 May 2025	Payee nar	on's Deli				
	Amount (\$)  \$26.21  Reimbursement fro political contribution intended	Payee add	Grentral Texas	Expy,	Kilteen, T	State; Zip Code X 76543	
	PURPOSE OF EXPENDITURE	Food	(See Categories listed at the top of this sci		Description Lunch		
_			Check if travel outside of Texas. Complete Scho	edule T.	Check if Austin	TX, officeholder living expense	
	mplete <u>ONLY</u> if direct penditure to benefit C	t	ate / Officeholder name		Office sought	Office held	
		ATTA	CH ADDITIONAL COPIES OF	THIS SC	HEDULE AS NEED	ED	

#### SCHEDULE G

	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mad Candidate/Officeholder/Poli Credit Card Payment	Fees Food/Beverage Expense By Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)					
		The second second second						
1 Total pages Schedule G	2 FILER NAME Brian Burt		3 Filer ID (Ethics Commission Filers)					
4 Date 5 May 2025	5 May 2025 Star bucks							
6 Amount (\$)  Figure Reimbursement from political contributions intended	100 E. Central Texas Exp	HarkerHeigh	State: Zip Code 15, Texas Flo548					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched	(b) Description						
	(c) Check if travel outside of Texas, Complete Schedu	ule T. Check if Austin	n, TX, officeholder living expense					
S Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held					
5 May 2025	Payee name Harbucks							
Amount (\$)  P. G. B.  Reimbursement from political contributions intended	Payee address: 100 E. Central Texa Stx	city: by, Harker Hei	State; Zip Code					
PURPOSE OF EXPENDITURE	Food Expense	dule) Description Coffee						
	Check if travel outside of Texas. Complete Schedu	ule T. Check if Austin	n, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/		Office sought	Office held					
5 May 2025	Payee name Wal Mart							
Amount' (\$)	2020 Heights Dr., Hart	Ker Heightes, T	State; Zip Code TX 76 548					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	Sode						
	Check if travel outside of Texas, Complete Schedul	ile I. Check if Austin.	TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held					
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEED	ED					

### SCHEDULE G

		EXPENDITURE CATE	EGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donation Candidate/Officehold Credit Card Payment	ns Made By ler/Political Committee	Fees Office Overling Expense Polling Expense Printing Expense It Committee Legal Services Salaries/Wa				nent & Related Expense
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8 May 20	5 Payee nar	proots Nation	,			
Amount (\$)  ### Reimbursement    Political contribution intended	tfrom 1-0. Ve	dress: X 59, Lampagas	5, Te	city; 45 76550	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category  Cousci	(See Categories listed at the top of this elfing Expeuse	schedule)	(b) Description Cempaign	Consulting	
V62.53. 192.63.63.63.63.63.63.64.64.64.64.64.64.64.64.64.64.64.64.64.	(c)	Check if travel outside of Texas, Complete S	chedule T.	Check if Austin	n, TX, officeholder living ex	nense
9 Complete <u>ONLY</u> if direxpenditure to benefit	Candid	ate / Officeholder name		Office sought		Office held
Date	Payee nar	- /				
8 May 202	5 Gra	usyoots Nati	on			
Amount (\$)  D J160  Reimbursement political contribuintended	Payee add	ox 59, Lampa	sus,	Texas Fled	State:	Zip Code
PURPOSE OF EXPENDITURE	Course	CALL	Se	Campaign	o Consul	Hing
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austin	n. TX, officeholder living ex	pense
Complete ONLY if expenditure to ben	direct	ate / Officeholder name		Office sought	1	Office held
8 May 20	Payee nam	e Max				
Amount (\$)  Reimbursement political contribuintended	from 1800 2	loves Blvd, &	illea	city; 1, TX Fle54	State;	Zip Code
PURPOSE OF EXPENDITURE	Printi	(See Categories listed at the top of this some state of the second state of the second		Description  All + (all	Signs	pense
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		EXPENDITURE CATE	GORIES FOR B	OX 8(a)		
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			o now to complete	r tills form.		
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12 May 20	5 Payee na Coach	Henderson Spo	to Pho	tography		
6 Amount (\$)  AReimbursemer  Political contributions		Gress: Eagle Ridge, Has	Ker Heig	ahts, TX 7	State;	Zip Code
8 PURPOSE OF EXPENDITURE	Adve	(See Categories listed at the top of this so VISING Expense	chedule) (b) De	escription Fical Sign	15	
	(c)	Check if travel outside of Texas, Complete Sch	nedule T.	Check if Austin, TX,	officeholder living expe	ense
9 Complete <u>ONLY</u> if di expenditure to benefi	rect	date / Officeholder name	Office s	sought	0	ffice held
Date	Payee na	na's Deli				
13/1/ay 20	29 Jaga	ons Dell				
Amount/(\$)  \$\int \( \)		C. Central Texa	5 Exp/19	city: Killeen, T	State; X He54	Zip Code
PURPOSE OF EXPENDITURE	Food	(See Categories listed at the top of this so	/	unch		
		Check if travel outside of Texas. Complete Sch	nedule T.	Check if Austin, TX,	officeholder living expe	inse
Complete <u>ONLY</u> if expenditure to be	direct	ate / Officeholder name	Office s	ought	O	ffice held
Date 13 May 202	Payee nar Blace		Company	1		
Amount (\$)  D 9.45  Reimbursemen political contribuintended	Payee add	FM 2410, Hu	rker He	city: Elghts, TX	State; 76548	Zip Code
PURPOSE OF EXPENDITURE	Fac	(See Categories listed at the top of this so A PLNSE  Check if travel outside of Texas. Complete Sch	6	Scription  Aee  Check if Austin TX o	officeholder living expe	nsa
Complete ONLY if direxpenditure to benefit	ect Candid	ate / Officeholder name	Office s	-		fice held
	ATTA	CH ADDITIONAL COPIES OF	THIS SCHEDU	LE AS NEEDED		

### SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services	office Over Polling Ex Printing E Salaries/V	xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
The Instruction Guide explains how to complete this form.				
1 Total pages Schedule G:	2 FILER NAME Brian	Burt		3 Filer ID (Ethics Commission Filers)
4 Date 19 May 2025	5 Payee name Craffoots Notion			
6 Amount (\$)  \$\int \langle \l	P.O. Box 59, Lampasas, TX 76550			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the Course Hing Exp	he top of this schedule)	(b) Description Campaign	Consulting
	(c) Check if travel outside of Texa	s. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder na	ame	Office sought	Office held
Date 16 Jun 2025	Payee name OHICP Max			
Amount (\$)  SHB, 47  Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1800 Lowes Blvd, Killeen, TX 76542			
PURPOSE OF EXPENDITURE	Printing Expen	the top of this schedule)	Maps	
	Check if travel outside of Texa	is. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct COH Candidate / Officeholder name Office sought Office held				
14 Jul 2025	Payee name Kawanda Pa	olk		
Amount (\$)  Reimbursement from political contributions intended	Payee address; State; Zip Code 812 Lisalane, Killeen, TX 76543			
PURPOSE OF EXPENDITURE	OF Congretting Ly Deuge		Consulfa	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder na	ame	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				