CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how t	o complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Brian LAST Bur+	MI K SUFFIX	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX:	APT / SUITE #;	CITY; STATE; ZIP CODE	APR 0-3 2025 ADMINISTRATION DEPARTMENT CITY OF HARKER HEIGHTS, TEXAS
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand derivered or Date Postmarked Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS (MR) NICKNAME	Brian LAST Burt	SUFFIX	Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT /	SUITE #: CITY;	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15	30th day before	Exceeded Modified	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 02 /	Day Year / 14 / 2025	THROUGH 04	Day Year / 03 / 2025
11 ELECTION	Month Day	Year Prima	Description	253 4. 18 - VALOR
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know City Council	Place 1
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE THE CANDIDATE / OFFIC CONSENT. CANDIDATES	CE OF POLITICAL CONTRIBUTION CEHOLDER. THESE EXPENDITU S AND OFFICEHOLDERS ARE REI COMMITTEE NAME	INS ACCEPTED OR POLITICAL EXPENDITURES INCES MAY HAVE BEEN MADE WITHOUT THE CANQUIRED TO REPORT THIS INFORMATION ONLY IF	MADE BY POLITICAL COMMITTEES TO SUPPORT IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
Additional Pages	GENERAL	COMMITTEE ADDRESS COMMITTEE CAMPAIGN 1	TREASURER NAME	
(outries) Leo	da nisjir a (ptsili) es	COMMITTEE CAMPAIGN	TREASURER ADDRESS	State of the state
7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		GO T	O PAGE 2	(h) 0 *(u)(i)

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Brian K. Burt	The state of the state of the state of	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITI PLEDGES, LOANS, OR GUA CONTRIBUTIONS MADE ELI	CAL CONTRIBUTIONS (OTHER THA RANTEES OF LOANS, OR ECTRONICALLY)	s 205,00
	2. TOTAL POLITICAL CONTE (OTHER THAN PLEDGES, LC	RIBUTIONS DANS, OR GUARANTEES OF LOANS	\$ 3764.56
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITIC	CAL EXPENDITURE.	\$ 641.71
	4. TOTAL POLITICAL EXPEN	IDITURES	\$ 22459.98
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIB OF REPORTING PERIOD	UTIONS MAINTAINED AS OF THE LA	\$ 3692.78
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORT	OF ALL OUTSTANDING LOANS AS O	\$ 8085.00
	CONCERNO CONTRACTOR CONTRACTOR DE LO TORRES CONTRACTOR	plete either option belo	w:
			andidate or Officeholder
	LYNDSEY ASHER AMUNDSON NOTARY PUBLIC STATE OF TEXAS		
(1) Affidavit	MY COMM. EXP. 12/12/26 NOTARY ID 13410144-3		
NOTARY STAMP/SEA	AL D		2.4
Sworn to and subscribed	before me by Brian Keit	M Burt this the	day of April,
	which, witness my hand and seal of office.	^	Notary
Signature of officer administ		officer administering oath	Title of officer administering oath
		OR	and the late of the contract of the late of
(2) Unsworn Declarat	ion	130.2.1.25.1.26.1.1	
My name is		, and my date of birth i	is
My address is		A STATE OF THE PARTY OF T	process E
	(street)	(city)	(state) (zip code) (country)
Executed in		(city), on theday of(mon	, 20

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NA	Brian K. Burt	20 Filer ID (Ethics Con	nmiss	ion Filers)		
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE						
1.	\boxtimes	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS					
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$			
3.		\$					
4.	\boxtimes	SCHEDULE E: LOANS					
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS					
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$			
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (\$	1			
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD					
9.	\boxtimes	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS					
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH					
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$			
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

		The same of the sa	3 5 - €007,000
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Brian K. Burt		3 Filer ID (Ethics Commission Filers)
4 Date 5 Mar 2025	5 Full name of contributor out-of-state PAC Barry Fisher 6 Contributor address; City; 2006 Basalt St., Killeen, TX	State; Zip Code	7 Amount of contribution (\$) \$\frac{1}{2} \begin{subarray}{c} \frac{1}{2} \left(\frac{1}{2} \right) \right. \frac{1}{2} \righ
8 Principal occur LockSm.	pation / Job title (See Instructions)	9 Employer (See Instruct Self Employe	,
Date 13 MarJOH	Full name of contributor out-of-state PAC Jim LornKlang Contributor address; City; 1302 W. Stan Schluefer Loop, L	State; Zip Code	Amount of contribution (\$) \$ 600 00
Principal occup	ration / Job title (See Instructions)	Employer (See Instruct Self Employe	
Date 29 Mar 2025	Full name of contributor out-of-state PAC Ronald Harrison Contributor address; City; 1423 Loblolly Dr., Harker Heigh	State; Zip Code	Amount of contribution (\$) \$ 100 00
Principal occup Retired	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date 2 Apr 2025	Full name of contributor out-of-state PAC Barbara Sias-Chinn Contributor address; City; 500 Cheefah Trail, HarkerHeig,	State; Zip Code	Amount of contribution (\$) \$ 200 00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
	ATTACH ADDITIONAL COPIES C	DE TUIC COLIECTI E A CA	TEDED.

LOANS

SCHEDULE E

If the requester	d information is not applicable, DO NO	OT include this page in the re	port.
The	Instruction Guide explains how to comp	plete this form.	1 Total pages Schedule E: 2
2 FILER NAME	rian K. Burt		3 Filer ID (Ethics Commission Filers)
TOTAL OF UN	NITEMIZED LOANS		s Ø
Date of loan	7 Name of lender out-of-state Brian Burt	PAC (ID#)	9 Loan Amount (\$) \$ 6000.00
Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
	on / Job title (See Instructions) Consultant	13 Employer (See Instructions) DigiFlight, Inc.	
4 Description of Col	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political tions)
6 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
O Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state	PAC (ID#)	Loan Amount (S) \$ 1,78000
Is lender a financial Institution?	Lender address: City	State: Zin Code	Interest rate 0% Maturity date
The second secon	on / Job title (See Instructions) Y Consultant	Employer (See Instructions) Digit light, Inc.	
Description of Coll			ds were deposited into political
GUARANTOR INFORMATION	Neme of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code	
Principal Occupati	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COP	PIES OF THIS SCHEDULE AS NEE struction guide for additional re	

LOANS

SCHEDULE E

If the requester	d information is not applicable, DO No	OT include this page in the re	eport.
The	Instruction Guide explains how to com	plete this form.	1 Total pages Schedule E:
2 FILER NAME	ian Burt		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS		s Ø
5 Date of loan	7 Name of lender out-of-state Brian Burt	e PAC (ID#:)	9 Loan Amount (5) \$5.00
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
YN			
	on / Job title (See Instructions) Consultant	13 Employer (See Instructions) Digitlight, Inc.	
14 Description of Coll	lateral	Check if personal fur account (See Instruc	nds were deposited into political itions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State: Zip Code	
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan 18 Mar 2025	Name of lender out-of-state Brian Burt	e PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y (N)			Maturity date
And the second of the second second second	Consulfant	Employer (See Instructions) Digi flight, Inc.	
Description of Coll.		Check if personal fun account (See Instruc	ds were deposited into political tions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code	
Principal Occupati	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COI	PIES OF THIS SCHEDULE AS NEI	

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 Legal Services 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)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries./\(\times \) The Instruction Guide explains how to c		Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Brian K. Bur	t s	3 Filer ID (Ethics Commission Filers)
4 Date 18 Keb 2025	5 Payee name Wix. Com		
6 Amount (\$) \$ 506-61	7 Payee address: 506 Terry A. François Blvd,	San Francisco	CA 94158
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Web Page	Creation
	(c) 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/O	Candidate / Officeholder name	Office sought	Office held
24 Feb 2025	Coach Henderson Storts P	ho to graphy	
Amount (\$) \$178000	Payee address: 3220 Eagle Ridge, Harker	Heights, TX	State; Zip Code 76548
PURPOSE OF EXPENDITURE	Advertising Expense	Campaign.	Signs
	Check if travel outside of Texas. Complete Schedule T,	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
9 Mar 2025	World Wide Print Shop		
Amount (\$) \$811.88	9440 Harwin Drive, Houston	n, TX 77036	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Campaign 1	Door Hangers
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED

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 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

Candidate/Officeholder/Politica Credit Card Payment	, one mandamental Expense	lages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Brian K. Burt	3 Filer ID (Ethics Commission Filers)
4 Date 9 Mar 2025	5 Payee name Capital One	
6 Amount (\$) \$ 178000	7 Payee address: ATTN: fayment frocessing P.O. Box 71087, CI	City: State: Zip Code harlotte, NC 28272
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	Payment for Campaign Signs
	(c) 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/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
14 Mar 2025	Kawarda PolK	
Amount (\$)	Payee address;	City; State; Zip Code
\$ 50000	812 Lisa Lane, Killeen, TX	76543
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Consulting Expense	Campaign Manager
	Check if travel outside of Texas. Complete Schedule T,	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
18 Mar 2025	Lenny Hopson	
Amount (\$)	Payee address;	City; State; Zip Code
\$300°	504 Alpine St, Killeen, T	X 76542
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Con tractor Labor	Posting of Campaign Signs
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder flying expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Mages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (Application of Page 1)

Candidate/Officeholder/Politica	al Committee Legal Services Salaries/V	Vages/Contract Labor Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to o	complete this form.
1 Total pages Schedule F1:	2 FILER NAME Brian K. Burt	3 Filer ID (Ethics Commission Filers)
4 Date 24 Mar 2025	Designs by Zula	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
\$405.94	3610 Breader Lane, Killeen, TX 76:	949
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Advertising Expense	Campaign T-Shirts
LAI LABITORE	(c) 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/Oh	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
24 Mar 2025	Kawanda Polk	
Amount (\$)	Payee address;	City: State; Zip Code
\$50000	812 Lisalane, Killeen, Tr	X 76543
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	ConsultingExpense	Campaign Manager
	Check if travel outside of Texas. Complete Schedule T,	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
24 Mar 2025	Coach Henderson Sports PI	no tography
Amount (\$)	Payee address;	City; State; Zip Code
\$462.50	3220 Eagle Ridge, Harker	Heights,TX FloA8
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Advertising Expense	Campaign Yard Signs
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

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 Legal Services 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

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	2 Tilling Ex	lages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Brian K. Burt	3 Filer ID (Ethics Commission Filers)
4 Date 25 Mar 2025	5 Payee name Lenny Hopson	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
\$400.00	504 Alpine St, Killeen, T.	x 76542
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE	11111	Posting of Campaign Signs
OF EXPENDITURE	Contractor Labor	Posting of Compary Jign
	(c) 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/Oh	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
25 Mar 2025	Office Depot	
Amount (\$)	Payee address;	City; State; Zip Code
\$25000	1800 Lowes Blvd, Killeen,	TX 76542
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Printing Expense	Campaign fliers
	Check if travel outside of Texas, Complete Schedule T,	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
26 Mar 2025	Boilin' Bayou	
Amount (\$)	Payee address;	City: State; Zip Code
\$1771.00	4807 Trimmer Rd., Kille	een, TX 76542
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Food Expense	Food Truck Expense
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

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 Legal Services 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)

Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment		Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above	e)
Total pages Schedule F1:	2 FILER NAME Brian K. Burt		3 Filer ID (Ethics Commission Fi	ilers)
31 Mar 2025	5 Payee name Killeen Party Re	ental		
Amount (\$)	7 Payee address;	City;	State; Zip Code	V
5516.89	4501 Chelsea Drive, Killeen	, TX 76549		
	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Event Expense	Tables as	nd Chairs	
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
31 Mar 2025	Mr. Smiley Entertainment	<i>t</i>		
Amount (\$)	Payee address;	City;	State; Zip Code	
\$40000		Killeen, TX		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event Expense	Bounce	Houses	
	Check if travel outside of Texas. Complete Schedule T,	Check if Austi	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
2 Apr 2025	Designs by Zula			
Amount (\$)	Payee address;	City;	State; Zip Code	
\$454.65	3610 Breeder Lane, Killeen, T	X 76949		
	Category (See Categories listed at the top of this schedule)	Description		TI William
PURPOSE OF EXPENDITURE	Advertising Expense	T-Shirt	Purchase	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

	EXPE	ENDITURE CAT	EGORIES	FOR BOX 10	(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi	By Gift/Awards	rage Expense Memorials Expense ces	Office Or Polling E Printing I	Expense Wages/Contract L	pense T T T abor C	Solicitation/Fundraisir Transportation Equipr Travel In District Travel Out Of District Other (enter a categor	nent & Related Expense ry not listed above)
1 TOTAL PAGES		in K. B	+				Commission Filers)
SCHEDULE F4:	prio	IN N. D	uri				
4 TOTAL OF UNITEMIZED EXP	ENDITURES CHARGED TO A	CREDIT CARD				s Ø	
5 CREDIT CARD ISSUER	Name of financial instituti Capitol						
6 PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged	(c) Date(s) Cred	lit Card Issuer	Paid	
\$178000	\$1780.00	24 Feb 20	25	9	Mar 2	025	
7 PAYEE	(a) Payee name Coach Henderso 9 Ports Photos	on graphy	(b) Payee add	Eagle F		HarkerHei	ghts TX
8 PURPOSE OF EXPENDITURE Political	(a) Category (See Categories lis Advertising		lule)	(b) Description Campaig	n law	n Gignst	Post Cards
Non-Political	(c) Check if travel out	side of Texas. Complete	e Schedule T.		Check if Austin,	TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder r	name	Off	ice Sought		Office Held	i
PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged	(c) Date(s) Cred	lit Card Issuer	Paid	
	\$						
PAYEE	(a) Payee name		(b) Payee ad	dress;	City	, State,	Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories lis	ted at the top of this sched	dule)	(b) Description		•	
Non-Political	(c) Check if travel out:	side of Texas. Complete	e Schedule T.		Check if Austin,	TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder r	name	Off	ice Sought		Office Held	d
PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged	(c) Date(s) Cred	dit Card Issuer	Paid	
PAYEE	(a) Payee name		(b) Payee ad	dress;	City	, State,	Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top of this schedule)			(b) Description			
Non-Political	(c) Check if travel out	side of Texas. Complete	e Schedule T.		Check if Austi	n, TX, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder r	name	Off	fice Sought		Office Held	d
	ATTACH ADDIT	IONAL COPIES	S OF THIS	SCHEDULE	AS NEED	ED	

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Fees Food/Beverage Expense 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 Gift/Awards/Memorials Expense Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Brian K. Burt 4 Date 5 Payee name Coach Henderson Sports Photography 24 Mar 2025 6 Amount (S) Zip Code 3220 Eagle Ridge, Harker Heights, TX 76548 \$1780,00 Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Campaign Gigns Advertising Expense EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH World Wide Printing Mar 2025 Zip Code 9440 Harwin Dr., Houston, TX 77036 Reimbursement from political contributions intended PURPOSE Campaign Door Hangers Advertising Expense EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Lenny Hopson 18 May 2025 Amount (\$) Zip Code 504 Alpine St., Killeen, TX 76542 Reimbursement from political contributions Category (See Categories listed at the top of this schedule) Description PURPOSE Posting Campaign Signs Contractor Lebor EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

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SCHEDULE G

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EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services 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 G: 2 FILER NAME Brian K. Burt 3 Filer ID (Ethics Commission Filers) 5 Payee name Kavanda Polk 19 Mar 2025 6 Amount (S) Zip Code \$ 500,00 812 Lisa Lane, Killeen, TX 76543 Reimbursement from political contributions (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Campaign Manager Consulting Expense EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH 25 Mar 2025 Lenny Hopson Amount (\$) Zip Code \$ 400.00 504 Alpine St., Killeen, TX 76542 Reimbursement from political contributions intended PURPOSE Posting Campaign Signs Contractor Labor OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Designs by Zula Payee address: 24 Mar 2025 Amount (\$) \$ 405, 94 City; Zip Code 3610 Breeder Lane, Killeen, TX 76549 Reimbursement from political contributions Category (See Categories listed at the top of this schedule) Description PURPOSE Campaign T-Shirts Advertising Expense EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

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EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Fees Food/Beverage Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Travel Out Of District Printing Expense Candidate/Officeholder/Political Committee Legal Services 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 G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Brian K. Burt 4 Date Kawanda Polk 24 Mar 2025 6 Amount (S) Zip Code \$ 500.00 812 Lisa Lane, Killeen, TX 76943 Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Campaign Manager Consulting Expense EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee address; City: State; 3220 Eagle Ridge, Harker Heights, TX 76548 24 Mar 2025 Zip Code \$ 402.50 political contributions PURPOSE Campaign Vard Signs Advertising Expense OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Office Depot 25 Mar 2025 Amount (\$) State: Zip Code \$ 258.00 1800 Lowes Blod, Killeen, TX 76542 Reimbursement from political contributions Category (See Categories listed at the top of this schedule) Description PURPOSE ampaign fliers Advertising Expense EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE G

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EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Fees Food/Beverage Expense Consulting Expense Polling Expense Printing Expense Travel In District Travel Out Of District Contributions/Donations Made By Gift/Awards/Memorials Expense Candidate/Officeholder/Political Committee Legal Services 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 G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Brian L. Burt 5 Payee name Academy Sports 4 Date 26 Mar 2025 6 Amount (\$) Zip Code 2500 E. Central Texas Expy, Killeen, TX 76543 \$108.23 Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description Canopy Purchase PURPOSE Event Expense EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Boilin' Bayou 26 Mar 2025 4807 Trimmer Rdy, Killeen, TX 76542 State: Zip Code Reimbursement from political contributions Category (See Categories listed at the top of this schedule) Description PURPOSE Food Truck (Food Expense OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Black Rifle Coffee Company Payee address: City; State; 326 FM 2410, Harker Heights, TX 76548 26 Mar 2025 Zip Code Reimbursement from political contributions Category (See Categories listed at the top of this schedule) PURPOSE Food Expense EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE G

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		EXPENDITURE CA	TEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	•	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide ex	Office Ov Polling Ex Printing E Salaries/	xpense Nages/Contract Labor	Solicitation/Fundraisi Transportation Equipi Travel In District Travel Out Of District Other (enter a catego	ment & Related Expense
1 Total pages Schedule G:	2 FILER NA	Brian b	1. Bur	+	3 Filer ID (Ethics	Commission Filers)
4 Date 2625	5 Payee nar					
6 Amount (\$) \$ 17.32 Reimbursement from political contributions intended	7 Payee ad	trail,	#101,1	city; -larkerHeig	State; hts, TX A	Zip Code 654-8
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food Cypense Breakfast Meeting					
	(c)	Check if travel outside of Texas, Comple	te Schedule T.	Check if Austin	n, TX, officeholder living e	xpense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	date / Officeholder name		Office sought		Office held
Date 3/Mar 2025	Payee nar	al Mart				
Amount (\$) \$28.78 Reimbursement from political contributions intended	2020	dress; HeightsDrive	Hari	city; Ker Heights	State; TX 7694	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense Table Cloths & Bowls BYB					15 BKB
	Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/		date / Officeholder name		Office sought		Office held
Date 31 May 2025	Payee na	me lar Tree				
Amount (\$) \$ 43,30 Reimbursement from political contributions intended	Payee ad	dress: East FM 241	10 Rd.,	city; Harker He	state; eights, TX	Zip Code 76548
PURPOSE OF EXPENDITURE	Even	(See Categories listed at the top of of the complex of travel outside of Texas. Complex of Texas. Complex of Texas.			HIS & Bow.	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	date / Officeholder name		Office sought		Office held
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SCHEDULE G

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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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Vlages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made (Candidate/Officeholder/Politic Credit Card Payment		Nages/Contract Labor	Travel Out Of Distri Other (enter a categ	ct pory not listed above)		
1 Total pages Schedule G:	2 FILER NAME Brian K. Burt		3 Filer ID (Ethic	es Commission Filers)		
3) Mar2025	5 Payee name Killeen Party Rental					
Amount (\$)	7 Payee address;	City;	State;	Zip Code		
Reimbursement from political contributions intended	4501 Chelsea Dr., Killeen, Tx 76549					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	01 :			
	Event Expense	Tables &	Chairs			
	(c) Check if travel outside of Texas. Complete Schedule 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 31 Mar 2025	Payee name Mr. Smiley Entertainment					
Amount (\$) \$\frac{1}{400.00}\$ Reimbursement from	Payee address;	Killeen,	State;	Zip Code		
political contributions intended		·				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description				
	Event Expense	Bounce	Houses 1	12		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought		Office held		
18 Feb 2025	South Star Bank					
Amount (\$)	Payee address;	City;	State;	Zip Code		
Reimbursement from political contributions intended	905 E. FM 2410, Harker Heights, TX 76548					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting / Bank	Purchase	Bank C	hecKs		
	Check if travel outside of Texas. Complete Schedule 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		
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EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Accounting/Banking Consulting Expense Transportation Equipment & Related Expense Polling Expense Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule G: 3 Filer ID (Ethics Commission Filers) Brian K. Burt 5 Payee name 4 Date Awards Gallery 5 Mar 2025 7 Payee address; 6 Amount (S) City: State: Zip Code \$43,30 501 W. Elms Rd., Killeen, TX 76542 Reimbursement from political contributions (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE Name Tags Advertising Expense EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Wix. com 28 Feb 2025 500 Terry A. Francois Blud., San Francisco, CA 94158 Amount (\$) 522.28

intended Category (See Categories listed at the top of this schedule) Service Fee PURPOSE Advertising Expense OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Bobby Lupo's Pizza 7 Mar 2625 Amount (\$)

420 E, FM 2410 Rd.; Suite 110, Harker Heights, TX 76548 F 84,40 Reimbursement from political contributions Description Category (See Categories listed at the top of this schedule) Campaign Meeting Dinner PURPOSE Food Expense EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Candidate / Officeholder name Office sought Complete ONLY if direct

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expenditure to benefit C/OH

Reimbursement from political contributions

SCHEDULE G

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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 Salaries/Wanes/Contract Labor

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

Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services Salaries The Instruction Guide explains how to	Wages/ContractLabor complete this form.	Other (enter a category not listed above)			
1 Total pages Schedule G:	2 FILER NAME Brian K. Burt	3 Filer ID (Ethics Commission Filers)				
4 Date 2 Apr 2025	5 Payee name Designs by Zul	a.				
6 Amount (\$) \$ 454, 65 Reimbursement from political contributions intended	7 Payee address; 3610 Breeder Lane, Killer	city; en, TX 7654	State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description T-Shirt F	Durchase			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin.	. TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
Amount (\$)	Payee address;	City;	State; Zip Code			
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description				
	Check if Iravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
Amount (\$)	Payee address;	City;	State; Zip 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, afficeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
	ATTACH ADDITIONAL COPIES OF THIS:	SCHEDULE AS NEED	ED			