

Filer name

(4) A 55 Jane

1an

## 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.

OFFICE USE ONLY
Date Reserved

APR 2 5 2025

ADMINISTRATION DEPARTMENT
Date Processed

Date Processed

Date Imaged

- 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 2nd report due on 25 April 2025.

  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) Amdavit		
4	Signature of Filer	_
NOTARY STAMP/SEAL		
Sworn to and subscribed before me by	this the day of	
20, to certify which, witness my hand a	eal of office.	
Signature of officer administering oath	inted name of officer administering oath Title of officer administering o	ath
	OR	
(2) Unsworn Declaration  My name is Brian Burt	, and my date of birth is	_
My address is	(city) , (state) (zip code) (codinity)	
Executed in Bell County, State	Texas, on the $25$ day of $April$ . 20 $25$ . (year)	
	Signature of Filer (Declarant)	

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER

#### CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. MI MS / MRS / MR 3 CANDIDATE/ K **OFFICEHOLDER** Date Received NAME SUFFIX NICKNAME Bur APR 2 5 2025 4 CANDIDATE/ APT / SUITE #; CITY: STATE: ZIP CODE ADDRESS / PO BOX; ADMINISTRATION DEPARTMENT **OFFICEHOLDER** CITY OF HARKER HEIGHTS, TEXAS MAILING **ADDRESS** Change of Address EXTENSION AREA CODE PHONE NUMBER 5 CANDIDATE Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Receipt # Amount \$ MS / MRS (MR) FIRST CAMPAIGN K. Brian TREASURER Date Processed NAME SUFFIX NICKNAME Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE: ZIP CODE CAMPAIGN TREASURER **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN TREASURER PHONE 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Month COVERED 123/2025 104/2025 THROUGH ELECTION TYPE 11 ELECTION **ELECTION DATE** Primary Runoff Other Description Day Special General 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE City Council Place 1 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 RE REQUIRED TO 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

## FORM C/OH COVER SHEET PG 2

CAMPAIGN						40		mmission Filese)
15 C/OH NAME						16 Filer II	(Ethics Co	mmission Filers)
7 CONTRIBUTION TOTALS	PLE	TAL UNITEMIZED EDGES, LOANS, O NTRIBUTIONS MA	R GUARANTEES	OF LOANS, OR	THER THAN		\$	170.00
1 - 17, 5.8	2. TOT (OTH	AL POLITICAL OF	CONTRIBUTION SES, LOANS, OR	NS GUARANTEES	OF LOANS)		\$ 1,	490,00
EXPENDITURE TOTALS	3. тот	AL UNITEMIZED	POLITICAL EXPE	ENDITURE.			\$	354.40
	4. TOT	AL POLITICAL	EXPENDITURE	S			\$ 5,8	367.00
CONTRIBUTION BALANCE		AL POLITICAL CO		MAINTAINED AS	OF THE LAS	T DAY	\$ 7,4	52.28
OUTSTANDING LOAN TOTALS	6. TOT	AL PRINCIPAL AM T DAY OF THE RI	OUNT OF ALL C	OUTSTANDING L	OANS AS OF	THE	\$ 13	085.00
		Please	complete	either optic	on below	:		
(1) Affidavit								
NOTARY STAMP/SEAL								
Sworn to and subscribed b	efore me by				this the _		day of	
20, to certify w	hich, witness m	ny hand and seal o	of office.					
Signature of officer administeri	ng oath	Printed n	ame of officer adn	ninistering oath	- 1 To 1		Title of office	r administering oath
是数据,例如此是			OR					
(2) Unsworn Declaration								
My name is Brian #	K. Burt			, and my da	te of birth is			
My address is		(street)		(city)		state) (	zip code)	(country)
Executed inBell	Coun	ty, State of Te	, on	the 25" da	y of <u>APY</u>	1111	, 20 <u>25</u> (year)	
				Signatu	ure of Candid	date/Office	eholder (Dec	larant)

## SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

19 FILERNAME Brian K. Burt 20 Filer II	D (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	s 1150°°
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	s
4. SCHEDULE E: LOANS	s 13085.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	\$ 13085.00 NS \$ 2579.10
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	s
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUT	rions \$
SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	ş
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 2933.50
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIO	NS \$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETU TO FILER	JRNED \$

## MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

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

Date  5 Full name of contributor   out-of-state PAC (ID#					
Date   5 Full name of contributor	The	Instruction Guide explains how to	complete this	s form.	1 Total pages Schedule A1:
Steven Redriguez  6 Contributor address: City: State: Zip Code  519 Wallaby Circ Hark entergyth, TX F6549  Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Contributor address: City: State: Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Contributor address: City: State: Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Out-of-state PAC (ID#	FILER NAME	Brian K. Bi	urt		3 Filer ID (Ethics Commission Filers)
Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Contributor address;  City: State: Zip Code  Sept Couplaged / Journer  Amount of contribution (\$)  Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Contributor address:  City: State: Zip Code  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Contributor address:  City: State: Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Out-of-state PAC (ID#	- Comment	5 Full name of contributor	out-of-state PA	C (ID#:)	
Principal occupation / Job title (See Instructions)   Semployer (See Instructions)   Septimized   Date   Full name of contributor   Out-of-state PAC (ID#   Amount of contribution (S)	Mar 2025	Steven Rodrigue	7		\$1,000
Principal occupation / Job title (See Instructions)  Pentist  Self Cuployed Jouner  Self Cuployed Jouner  Date  Full name of contributor   out-of-state PAC (ID#   Amount of contribution (\$)  BAN 1007   State: Zip Code    Log Libby Lane, Harker Heights, TX HUAB   Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Contributor address; City: State: Zip Code    Contributor address: City: State: Zip Code	-111ar 2020	6 Contributor address:	City:	State: Zin Code	D1,000=
Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Contributor address:  City: State: Zip Code  Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Contributor address:  City: State: Zip Code    Contributor address:   City: State: Zip Code		515 Wallaby Ciry Hara	KerHeight	to, TX 76548	
Date   Full name of contributor	7 .	pation / Job title (See Instructions)		9 Employer (See Instruc	etions)
BApri Log Bernavol Robbnson  Contributor address; City; State; Zip Code  1609 Libby Lane, Harker Heights, TX HUAB  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  out-of-state PAC (ID#:	Ventisi			Self Employ	ed jouner
Date   Full name of contributor   out-of-state PAC (ID#					Amount of contribution (\$)
Principal occupation / Job title (See Instructions)   Employer (See Instructions)	B April 12029	Bernard Robins	nd		1 . 5 . 60
Date   Full name of contributor   out-of-state PAC (ID#	Cripinal	Contributor address:	Citv:	State: Zip Code	\$ 15000
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Contributor address;  City;  State; Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (S)  Date  Full name of contributor  Out-of-state PAC (ID#)  Amount of contribution (S)  Contributor address;  City;  State; Zip Code					
Contributor address;  City;  State; Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  out-of-state PAC (ID#)  Contributor address;  City;  State; Zip Code	1/1 /. /	ation / Job title (See Instructions)		Employer (See Instruc	tions)
Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  out-of-state PAC (ID#:)  Contributor address; City; State; Zip Code	Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)  Contributor address; City; State; Zip Code			City;	State; Zip Code	
Contributor address; City; State; Zip Code	Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
Contributor address; City; State; Zip Code	Date	Full name of contributor Γ	out-of-state PA	C (ID#: )	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)		Contributor address;	City;	State; Zip Code	1 5
	Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
				1	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

## LOANS

## SCHEDULE E

The Instruction Guide explains how to complete this form.  2 FILER NAME  Brian K. Burt  3 Filer ID (Emics Commission File Instructions)  5 Date of Ion  7 Name of lender 9 Finan Burt  8 Lender address; City: State: Zio Gode 10 Interest rate 9 Loan Amount (3) 11 Maturity date 12 Principal occupation of Collateral 15 Check if personal funds were deposited into political account (see instructions) 18 Guarantor address; City: State: Zip Code 19 Principal Occupation (See instructions) 19 Amount Guaranteed (3) 10 Principal occupation / Job title (See instructions) 10 Date of Ioan 11 Name of lender 12 Lender address; City: State: Zip Code 13 Interest rate 14 Lender address: City: State: Zip Code 15 Islander 16 Interest rate 17 Loan Amount (5) 18 Interest rate 18 Institution? 19 Amount Guaranteed (5) 10 Principal occupation / Job title (See Instructions) 10 Description of Collateral 10 Ioan Amount (See Instructions) 11 Amount Guaranteed (5) 12 Principal Occupation (See Instructions) 13 Employer (See Instructions) 14 Amount Guaranteed (5) 15 Loan Amount Guaranteed (5) 16 Loan Amount Guaranteed (5) 17 Loan Amount Guaranteed (5) 18 Guarantor address: City: State: Zip Code 18 Interest rate 19 Loan Amount Guaranteed (5) 19 Loan Amount Guaranteed (6) 10 Loan Amount Guaranteed (6) 10 Loan Amount Guaranteed (6) 11 Loan Amount (6) 11 Loan Amount (6) 12 Loan Amount (7) 13 Loan Amount (7) 14 Loan Amount (8) 15 Loan Amount (8) 16 Loan Amount (8) 17 Loan A	ii tile requested	information is not applicable, DO No	Of include this page in the re	eport.
TOTAL OF UNITEMIZED LOANS    Date of loan	The	Instruction Guide explains how to com	plete this form.	1 Total pages Schedule E:
Date of loan   7 Name of lender   Out-of-state PAC   De     9 Loan Amount (\$)	FILER NAME	Brian K. Burt		3 Filer ID (Ethics Commission Filer
State   Stat	TOTAL OF UN	ITEMIZED LOANS		s Ø
a financial institution? Y	- 4	,	e PAC (ID#:)	20 4117 11110 4111 (0)
Description of Collateral   Digit Flight, Tuc	a financial	8 Lender address; City:	State: Zin Code	0%
Date of loan   Name of lender   Guit-of-state PAC (ID#   State: Zip Code   Interest rate   I			13 Employer (See Instructions)	
GUARANTOR INFORMATION  Is lender a financial institution?  Y N  Principal occupation / Job title (See Instructions)  Description of Collateral one of Guarantor in one Guarantor into political account (See Instructions)  Check if personal funds were deposited into political account (See Instructions)  15 Amount Guaranteed (S)  16 Amount Guaranteed (S)  17 Name of guarantor into political account (See Instructions)  Date of loan Name of lender out-of-state PAC (ID#			- · · · · /	IC -
18 Guarantor address; City: State: Zip Code		teral	Check if personal fur	
Description of Collateral    Check if personal funds were deposited into political account (See Instructions)    Check if personal funds were deposited into political account (See Instructions)    Check if personal funds were deposited into political account (See Instructions)    Check if personal funds were deposited into political account (See Instructions)    Check if personal funds were deposited into political account (See Instructions)    Check if personal funds were deposited into political account (See Instructions)    Check if personal funds were deposited into political account (See Instructions)    Check if personal funds were deposited into political account (See Instructions)    Check if personal funds were deposited into political account (See Instructions)    Check if personal funds were deposited into political account (See Instructions)    Check if personal funds were deposited into political account (See Instructions)    Check if personal funds were deposited into political account (See Instructions)    Check if personal funds were deposited into political account (See Instructions)		17 Name of guarantor		19 Amount Guaranteed (\$)
Is lender a financial Institution? Y N  Principal occupation / Job title (See Instructions)  Description of Collateral Institution?  Check if personal funds were deposited into political account (See Instructions)  GUARANTOR INFORMATION  Guarantor address;  City:  State: Zip Code  Interest rate  Maturity date  Maturity date  Check if personal funds were deposited into political account (See Instructions)  Amount Guaranteed (S)		on (See Instructions)	21 Employer (See Instructions)	
a financial Institution?  Y N  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Check if personal funds were deposited into political account (See Instructions)  GUARANTOR INFORMATION  Guarantor address; City; State: Zip Code  Inot applicable	Date of loan	Name of lender	e PAC (ID#)	Loan Amount (S)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Description of Collateral  none  Check if personal funds were deposited into political account (See Instructions)  GUARANTOR INFORMATION  Guarantor address: City: State: Zip Code	a financial	Lender address; City:	State: Zip Code	Interest rate
Description of Collateral  Inone  Check if personal funds were deposited into political account (See Instructions)  GUARANTOR INFORMATION  Name of guarantor  Guarantor address:  City:  State: Zip Code	3110744417			Maturity date
GUARANTOR INFORMATION  Name of guarantor  Guarantor address;  City:  Check if personal funds were deposited into political account (See Instructions)  Amount Guaranteed (\$)  Guarantor address;  City:  State: Zip Code	Principal occupation	n / Job title (See Instructions)	Employer (See Instructions)	1
Guarantor address; City; State; Zip Code	_	teral		
not applicable		Name of guarantor		Amount Guaranteed (\$)
Principal Occupation (See Instructions) Employer (See Instructions)	not applicable	Guarantor address; City:	State; Zip Code	
		n (See Instructions)	Employer (See Instructions)	
		17710111DDITION111000	PIES OF THIS SCHEDULE AS NEI	

## 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 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		Vages/Contract Labor Other (enter a category not listed above)
	The Instruction Guide explains how to c	complete this form.
1 Total pages Schedule F1:	2 FILER NAME Brian K. Bur	3 Filer ID (Ethics Commission Filers)
4 Date 11 Apr 2025	5 Payee name Coach Henderson Ghorts	Photography
\$ Amount (\$) \$25000	7 Payee address: 320 Eagle Ridge, Harker He	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Advertising Expense	Political 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/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
15Apr 2025	Paper Graphics	
Amount (\$)	Payee address;	City; State; Zip Code
\$415.87	904 South 31575+, Temple, T,	× 76504
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Advertisement Expense	Political Mailers
	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
Date	Payee name	
15 Apr 2025	Paper Graphics	
Amount (\$)	Payee address;	City; State; Zip Code
#1,123,83	904 Gouth 31st St., Ten	iple, TX Fle548
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Advertisement Expense	Political Mailers
	Check if travel outside of Texas, Complete Schedule T.	Chack 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

## 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 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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V	Wages/Contract Labor Other (enter a category not listed a	above)
	The Instruction Guide explains how to o	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Brian K. Bur	3 Filer ID (Ethics Commission	on Filers)
4 Date 17-Apr 2025	5 Payee name Killeen, Daily Herald		
6 Amount (\$)	7 Payee address;	City; State; Zip Co	de
\$ 499.00	1809 Florence Road, Killed	en, TX 76541	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertisement Expense	Political Ads	
	(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	d
Date	Payee name		
23 Apr 2025	Text to Survey		
Amount (\$)	Payee address;	City: State; Zip Co	de
\$290.40	1527 S. Cooper St., Arlin	ngton, TX F6010	
PURPOSE OF EXPENDITURE	Advertising Expense	Description Text Meggages	
	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	d
Date	Payee name		
Amount (\$)	Payee address;	City; State; Zip Co	de
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE			
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Or	Candidate / Officeholder name	Office sought Office he	ld
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED	
And the second s			

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 Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Fees Food/Beverage Expense Transportation Equipment & Related Expense Consulting Expense Polling Expense Printing Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials 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 3 Filer ID (Ethics Commission Filers) Brian K. Burt 4 Date 5 Payee name 1 Apr 2025 Rib Tips Catering 6 Amount (\$) 7 Payee address; Food Truck, Salado, TX 4 Date 6 Amount (\$) \$ 11.50 City; Zip Code political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Food Expense Lunch Meal OF 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 Bahler Street Pizza 7 Apr 2025 Zip Code \$17.86 Food Truck, Temple, Texas Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) PURPOSE Lunch Meal 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 10 Apr 2025 Amount (\$) Zip Code 600 Indian Trail, Harker Heights, TX 76548 \$13.56 political contributions Description Category (See Categories listed at the top of this schedule) PURPOSE 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE G

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

		EXPENDITURE CAT	rEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credt Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp	Office Over Polling E Printing E Salaries/	Expense Wages/Contract Labor	Solicitation/Fundralsir Transportation Equipn Travel In District Travel Out Of District Other (enter a categor	nent & Related Expense
1 Total pages Schedule G:	2 FILER NA	ME Brian t	K. Bu	rt	3 Filer ID (Ethics	Commission Filers)
4 Date 10 Apr 2025	5 Payee nar	up 'N Eat		(1999)		
6 Amount (\$)  \$\int 33.50\$  Reimbursement from political contributions intended	7 Payee ad 807	Gouth Ann B	lvd, Ha	city; arker Height	state;	Zip Code
8 PURPOSE OF EXPENDITURE	- 1	(See Categories listed at the top of the	is schedule)	(b) Description		
9		Check if travel outside of Texas, Complete late / Officeholder name	Schedule T.	Office sought	, TX, officeholder living ex	Office held
Complete ONLY if direct expenditure to benefit C/OH	A Common Marine					
Date 11 April 2025	Coa ch	Henderson S,	oorts t	Pho tography		
Amount (\$) \$250 CC  Reimbursement from political contributions intended					HeSHE State;	Zip Code
PURPOSE OF EXPENDITURE	Adver	(See Categories listed at the top of the Hising Expense		Political Si	gn3	
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austin	n, TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name		Office sought		Office held
Date 15 Apr 2025	Payee nar	oo's Cajun Ca	fé'			
Amount (\$) \$12100 Reimbursement from political contributions intended	201 C.	central TX Expy	1,#120	City; O, Harker He	state; lights, TX 7	Zip Code
PURPOSE OF EXPENDITURE	Food	(See Categories listed at the top of the CXPENSE Check if travel outside of Texas, Complete		Description  Dinner  Check if Austin	, TX, afficeholder living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held
	ATTA	CH ADDITIONAL COPIES	OF THIS S	CHEDULE 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 Accounting/Banking Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense 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 3 Filer ID (Ethics Commission Filers) Brian K. Burt 4 Date Paper Graphics 6 Amount (\$) \$ 415,87 Payee address; City: 904 South 31ST St, Temple TX 76504 State: Zip Code political contributions (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE Advertisament 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 Payee name Paper Graphics Payee address; 904 South 31stst., Temple, TX 76504 15 Apr 2025 State: Zip Code political contributions Category (See Categories listed at the top of this schedule) Political Mailers PURPOSE Advertisement Expense OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T, Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH Taqueria Mexico Payee address: Amount (\$) Zip Code 526 FM 2410, Harker Heights, TX 46548 104.00 political contributions Category (See Categories listed at the top of this schedule) Description PURPOSE Dinner 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

## 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 Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee 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 Brian K. Burt 3 Filer ID (Ethics Commission Filers) 4 Date 7 Payee address; City: 1809 Florence Rd, Killeen, TX FLSA1 State: Zip Code political contributions (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE Hovertise ment 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 Rossler's Food Truck Payee address: Food Truck, Harker Heights, TX 76548 State: Zip Code political contributions Category (See Categories listed at the top of this schedule) Description PURPOSE Lunch 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 100 E. Central Texas Expy, Harker Heights, TX 76548 Reimbursement from Description Category (See Categories listed at the top of this schedule) PURPOSE typense 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

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out Of District Candidate/Officeholder/Political Committee 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 6 Amount (\$) 302 Miller Crossing, #14, Harkers Heights, TX 76548 \$31.00 political contributions 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE 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 Dunkin Donuts State; Zip Code Knight's Way, HarkerHeights, TX Flog48 political contributions PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH Date Zip Code 1827 S. Cooper St., Arlington, TX Floolo Reimbursement from Category (See Categories listed at the top of this schedule) Description PURPOSE

EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH

Office sought

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

Office held

Check if Austin, TX, officeholder living expense