

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

12

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Mrs

Barbara

K

NICKNAME

LAST

SUFFIX

Burns

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

redacted for web posting

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

redacted for web posting

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mr

Loyd

NICKNAME

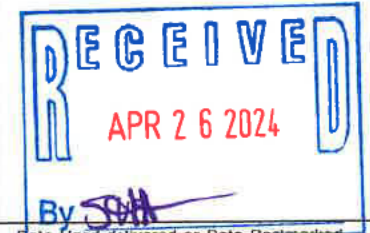
LAST

SUFFIX

Burns

OFFICE USE ONLY

Date Received



Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

same as above

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

redacted for web posting

9 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Runoff

☐

15th day after campaign
treasurer appointment
(Officeholder Only)

☐

July 15

☒

8th day before election

☐

Exceeded Modified
Reporting Limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

3

/

25

/

24

THROUGH

Month

Day

Year

4

/

24

/

24

11 ELECTION

ELECTION DATE

Month

Day

Year

5

/

4

/

24

ELECTION TYPE

☐

Primary

☐

Runoff

☐

Other
Description

☒

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

Denton ISD Board of Trustees Place 1

13 OFFICE SOUGHT (if known)

Denton ISD Board of Trustees Place 1

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

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 OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐

GENERAL

COMMITTEE ADDRESS

☐

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Barbara K Burns

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR
CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 960.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 3,230.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 1,976.31

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ 5,629.89

OUTSTANDING
LOAN TOTALS

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

\$ 0.00

18 SIGNATURE

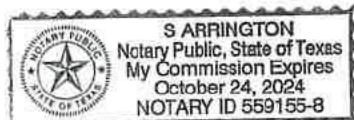
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information
required to be reported by me under Title 15, Election Code.

redacted for web posting

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Barbara K. Burns this the 26th day of April,

20 24, to certify which, witness my hand and seal of office.

redacted for web posting

S Arrington

Notary

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME****Barbara K Burns****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1. <input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,230.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	SCHEDULE E: LOANS	\$ 0.00
5. <input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,976.36
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

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.		1 Total pages Schedule A1: 5
2 FILER NAME Barbara K Burns		3 Filer ID (Ethics Commission Filers)
4 Date 03/20/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Martha Seaton 6 Contributor address; City; State; Zip Code redacted for web posting Denton TX 76207	7 Amount of contribution (\$) 400.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/22/2024	Full name of contributor out-of-state PAC (ID#: _____) Maisie Kashka Contributor address; City; State; Zip Code redacted for web posting Denton TX 76209	Amount of contribution (\$) 400.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/22/2024	Full name of contributor out-of-state PAC (ID#: _____) Cheryl Ellis Contributor address; City; State; Zip Code redacted for web posting Denton TX 76201	Amount of contribution (\$) 280.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/28/2024	Full name of contributor out-of-state PAC (ID#: _____) Lynn McCreary Contributor address; City; State; Zip Code redacted for web posting Denton TX 76201	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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.		1 Total pages Schedule A1: 5
2 FILER NAME Barbara K Burns		3 Filer ID (Ethics Commission Filers)
4 Date 03/28/2024	5 Full name of contributor out-of-state PAC (ID#: Ray Staniszewski	7 Amount of contribution (\$) 50.00
6 Contributor address; redacted for web posting City; State; Zip Code Denton TX 76208		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/30/2024	Full name of contributor out-of-state PAC (ID#: Jacqueline Jackson	Amount of contribution (\$) 150.00
Contributor address; redacted for web posting City; State; Zip Code Corinth TX 76210		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/01/2024	Full name of contributor out-of-state PAC (ID#: Vasilis Angelogiannos	Amount of contribution (\$) 100.00
Contributor address; redacted for web posting City; State; Zip Code Denton TX 76208		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/26/2024	Full name of contributor out-of-state PAC (ID#: Karen McCormick	Amount of contribution (\$) 50.00
Contributor address; redacted for web posting City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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.				1 Total pages Schedule A1: 5	
2 FILER NAME Barbara K Burns				3 Filer ID (Ethics Commission Filers)	
4 Date 03/26/2024		5 Full name of contributor Penny Oliver		7 Amount of contribution (\$) 30.00	
		6 Contributor address; redacted for web posting		City; State; Zip Code Denton TX 76209	
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date 03/26/2024		Full name of contributor Harrison Wicks		Amount of contribution (\$) 15.00	
		Contributor address; redacted for web posting		City; State; Zip Code Denton TX 76209	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 03/28/2024		Full name of contributor Mary Fiori		Amount of contribution (\$) 50.00	
		Contributor address; redacted for web posting		City; State; Zip Code Denton TX 76209	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 03/28/2024		Full name of contributor Kevin Roden		Amount of contribution (\$) 250.00	
		Contributor address; redacted for web posting		City; State; Zip Code Denton TX 76201	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

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.		1 Total pages Schedule A1: 5
2 FILER NAME Barbara K Burns		3 Filer ID (Ethics Commission Filers)
4 Date 03/28/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Mona Hunt	7 Amount of contribution (\$) 25.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/28/2024	Full name of contributor out-of-state PAC (ID#: _____) Lucas Holl	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code redacted for web posting Denton TX 76209		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/01/2024	Full name of contributor out-of-state PAC (ID#: _____) Deborah Schichtl	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/01/2024	Full name of contributor out-of-state PAC (ID#: _____) Margaret Calabrese	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code redacted for web posting Denton TX 76209		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED if contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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.		1 Total pages Schedule A1: 5
2 FILER NAME Barbara K Burns		3 Filer ID (Ethics Commission Filers)
4 Date 04/04/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Cassie Jordan 6 Contributor address; City; State; Zip Code redacted for web posting Denton TX 76201	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/08/2024	Full name of contributor out-of-state PAC (ID#: _____) Asbury Consulting Contributor address; City; State; Zip Code redacted for web posting Denton TX 76210	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/11/2024	Full name of contributor out-of-state PAC (ID#: _____) Catherine Lustgarten Contributor address; City; State; Zip Code redacted for web posting Denton TX 76207	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/07/2024	Full name of contributor out-of-state PAC (ID#: _____) Sarah Merriweather Contributor address; City; State; Zip Code redacted for web posting Denton TX 76201	Amount of contribution (\$) 30.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME Barbara K Burns	3 Filer ID (Ethics Commission Filers)
4 Date 04/12/2024	5 Payee name AlphaGraphics	
6 Amount (\$) 238.07	7 Payee address; 2100 Sadau Ct Suite 150	City; State; Zip Code Denton Texas 76210
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Postcards
	(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 03/29/2024	Payee name Trophy House	
Amount (\$) 140.73	Payee address; 201 A S Elm Street	City; State; Zip Code Denton TX 76201
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Name tags
	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
Date 03/27/2024	Payee name USPS	
Amount (\$) 68.00	Payee address; 101 E McKinney Street	City; State; Zip Code Denton TX 76201
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Postage	Description Stamps
	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		

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
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME Barbara K Burns	3 Filer ID (Ethics Commission Filers)
4 Date 04/11/2024	5 Payee name One Source Promotions	
6 Amount (\$) 1,021.00	7 Payee address; City; State; Zip Code 2009 Greenstone Trail Carrollton TX 75010	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Signs
	(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 04/14/2024	Payee name Amazon	
Amount (\$) 26.33	Payee address; City; State; Zip Code 410 Terry Avenue N Seattle WA 98109	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Envelopes and zip ties
	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
Date 04/24/2024	Payee name One Source Promotions	
Amount (\$) 414.34	Payee address; City; State; Zip Code 2009 Greenstone Trail Carrollton TX 75010	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Signs
	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

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
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME Barbara K Burns	3 Filer ID (Ethics Commission Filers)
4 Date 04/11/2024	5 Payee name Lowes	
6 Amount (\$) 67.89	7 Payee address; 1255 S Loop 288	City; State; Zip Code Denton TX 76205
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Signs	(b) Description Zip ties, staples, spray paint
	(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	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <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	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <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		