



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

<b>The C/OH INSTRUCTION GUIDE explains how to complete this form.</b>	<b>1 ACCOUNT #</b> (Ethics Commission filers) 00065930	<b>2 PAGE #</b> 2 of 32
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<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR FIRST MI Ms. Cindy ..... NICKNAME LAST SUFFIX Burkett	<b>OFFICE USE ONLY</b>
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<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1024 Primrose Street Mesquite, TX 74149	Date Received  Date Hand-delivered or Date Postmarked  Receipt # Amount
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<b>5 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR FIRST MI Mr. Mike ..... NICKNAME LAST SUFFIX Slaton	Date Processed Date Imaged
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<b>6 CAMPAIGN TREASURER ADDRESS</b> (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 305 Brookwood Forest Drive Sunnyvale, TX 75182
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<b>7 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION (214) 232-6012
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<b>8 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)
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<b>9 PERIOD COVERED</b>	Month Day Year THROUGH Month Day Year 02/21/2010 06/30/2010
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<b>10 ELECTION</b>	ELECTION DATE Month Day Year 11/02/2010	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
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<b>11 OFFICE</b> OFFICE HELD (if any)	<b>12 OFFICE SOUGHT (if known)</b> State Representative District 101
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<b>13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>  <input type="checkbox"/> additional pages	<p>.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..</p> <p>Name</p> <hr/> <p>Address/PO Box; Apt. / Suite #; City; State; Zip Code</p>
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**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

**14 C/OH NAME** Burkett, Cindy (Ms.)

**15 ACCOUNT #** (Ethics Commission filers)  
00065930

**16 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

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

**17 CONTRIBUTION TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

0.00

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

\$

79,279.10

**EXPENDITURE TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

0.00

4. **TOTAL POLITICAL EXPENDITURES**

\$

63,888.56

**CONTRIBUTION BALANCE**

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

\$

59,511.49

**OUTSTANDING LOAN TOTALS**

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

\$

2,000.00

**18 AFFIDAVIT**

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.

Cindy Burkett

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 1/12 Report: 4/32	
<b>2</b> FILER NAME Burkett, Cindy (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00065930	
<b>4</b> Date  06/14/2010	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Akers, William Rex (Mr.) ..... <b>6</b> Contributor address; City; State; Zip Code Colleyville, TX 76034	<b>7</b> Amount of contribution (\$)  \$500.00	<b>8</b> In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>9</b> Principal occupation / Job title (See Instructions) Owner		<b>10</b> Employer (See Instructions) HealthCare Computer Corp	
Date  06/28/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Associated Republicans of Texas ..... Contributor address; City; State; Zip Code Austin, TX 78701	Amount of contribution (\$)  \$20,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  06/17/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Baker, Bill (Mr.) ..... Contributor address; City; State; Zip Code Terrell, TX 75160	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/13/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bearden, Hugh (Mr.) ..... Contributor address; City; State; Zip Code Dallas, TX 75214	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Cemeterian		Employer (See Instructions) Laurel Oaks Cemetary	
Date  03/20/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bishop, Bruce (Mr.) ..... Contributor address; City; State; Zip Code Garland, TX 75043	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Supplied	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>			<b>1 PAGE #</b> Schedule: 2/12 Report: 5/32	
<b>2 FILER NAME</b> Burkett, Cindy (Ms.)			<b>3 ACCOUNT #</b> (Ethics Commission filers) 00065930	
<b>4 Date</b>  05/24/2010	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Bounds, Wayne (Mr.)  ..... <b>6 Contributor address; City; State; Zip Code</b> Mesquite, TX 75150	<b>7 Amount of contribution (\$)</b>  \$100.00	<b>8 In-kind contribution description (if applicable)</b>      <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>	
<b>9 Principal occupation / Job title (See Instructions)</b>			<b>10 Employer (See Instructions)</b> Retired	
Date  05/25/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brashear, Thomas (Mr.)  ..... Contributor address; City; State; Zip Code Mesquite, TX 75150	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)      <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Money Manager			Employer (See Instructions) Evolve Securities	
Date  03/06/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bridges, Ernestine (Mrs.)  ..... Contributor address; City; State; Zip Code Mesquite, TX 75150	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)      <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)			Employer (See Instructions) Retired	
Date  06/15/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bridges, Ernestine (Mrs.)  ..... Contributor address; City; State; Zip Code Mesquite, TX 75150	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)      <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)			Employer (See Instructions) Retired	
Date  06/09/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carona, Helen (Ms.)  ..... Contributor address; City; State; Zip Code Dallas, TX 75220	Amount of contribution (\$)  \$2,500.00	In-kind contribution description (if applicable)      <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Executive VP and Chief Integration Officer			Employer (See Instructions) Associa	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 3/12 Report: 6/32	
<b>2</b> FILER NAME Burkett, Cindy (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00065930	
<b>4</b> Date  03/13/2010	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cecil, Bill (Mr.) ..... <b>6</b> Contributor address; City; State; Zip Code Rockwall, TX 75087	<b>7</b> Amount of contribution (\$)  \$45.00	<b>8</b> In-kind contribution description (if applicable)          <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions) Retired	
Date  03/13/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Conger, Eddie (Mr.) ..... Contributor address; City; State; Zip Code Rockwall, TX 75087	Amount of contribution (\$)  \$20.00	In-kind contribution description (if applicable)          <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Principal		Employer (See Instructions) Dallas ISD	
Date  06/14/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cook, Lori (Ms.) ..... Contributor address; City; State; Zip Code Terrell, TX 75160	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)          <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Retired	
Date  06/11/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Culpepper, Kenda (Ms.) ..... Contributor address; City; State; Zip Code Rockwall, TX 75087	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)          <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>
Principal occupation / Job title (See Instructions) District Attorney		Employer (See Instructions) Rockwall County	
Date  06/04/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Daniel, Carol (Ms.) ..... Contributor address; City; State; Zip Code Mesquite, TX 75150	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)          <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Admin		Employer (See Instructions) Hunt Oil	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 4/12 Report: 7/32	
<b>2</b> FILER NAME Burkett, Cindy (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00065930	
<b>4</b> Date  06/09/2010	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Davidson, Roseleen (Ms.)  ..... <b>6</b> Contributor address; City; State; Zip Code Sunnyvale, TX 75182	<b>7</b> Amount of contribution (\$)  \$25.00	<b>8</b> In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions) Retired	
Date  05/26/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Driegert, Robert (Mr.)  ..... Contributor address; City; State; Zip Code Richardson, TX 75080	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self	
Date  02/21/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Empower Texans  ..... Contributor address; City; State; Zip Code Austin, TX 78720	Amount of contribution (\$)  \$6,104.10	In-kind contribution description (if applicable) Mailing supporting candidacy
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/26/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fain, John (Dr.)  ..... Contributor address; City; State; Zip Code Mesquite, TX 75150	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Optomologist		Employer (See Instructions) Eye Care & Laser Management	
Date  06/05/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Felkner, Carolyn (Ms.)  ..... Contributor address; City; State; Zip Code Mesquite, TX 75150	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Retired	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 5/12 Report: 8/32	
<b>2</b> FILER NAME Burkett, Cindy (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00065930	
<b>4</b> Date  05/02/2010	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Friends of Bob Deuell  <b>6</b> Contributor address; City; State; Zip Code Greenville, TX 75404-8609	<b>7</b> Amount of contribution (\$)  \$1,000.00	<b>8</b> In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date  03/15/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) GOPAC  Contributor address; City; State; Zip Code Austin, TX 78701	Amount of contribution (\$)  \$5,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  06/29/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Greenhaw, Art (Mr.)  Contributor address; City; State; Zip Code Mesquite, TX 75149	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Musician		Employer (See Instructions) Self	
Date  06/07/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harbin, John (Mr.)  Contributor address; City; State; Zip Code Dallas, TX 75205	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Retired	
Date  05/15/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harper, Alan (Mr.)  Contributor address; City; State; Zip Code Arlington, TX 76016	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Harper Investments	



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

**1** PAGE #  
Schedule: 6/12 Report: 9/32

**2** FILER NAME Burkett, Cindy (Ms.)

**3** ACCOUNT # (Ethics Commission filers)  
00065930

**4** Date  
06/08/2010

**5** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Helbing, Scott (Mr.)

**6** Contributor address; City; State; Zip Code  
Dallas, TX 75205

**7** Amount of contribution (\$) | **8** In-kind contribution description (if applicable)

\$100.00

(If travel outside of Texas, complete Schedule T)

**9** Principal occupation / Job title (See Instructions)  
Attorney

**10** Employer (See Instructions)  
Strasburger and Price

Date  
06/18/2010

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Hunt, Carolyn (Ms.)

Contributor address; City; State; Zip Code  
Dallas, TX 75201

Amount of contribution (\$) | In-kind contribution description (if applicable)

\$500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
CEO

Employer (See Instructions)  
Rosewood Corp.

Date  
03/06/2010

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Johnson, Keith (Mr.)

Contributor address; City; State; Zip Code  
Garland, TX 75040

Amount of contribution (\$) | In-kind contribution description (if applicable)

\$50.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Test Technician

Employer (See Instructions)  
Raytheon

Date  
06/15/2010

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Kagy, Linda (Ms.)

Contributor address; City; State; Zip Code  
Mesquite, TX 75149

Amount of contribution (\$) | In-kind contribution description (if applicable)

\$200.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Deputy Regional Director

Employer (See Instructions)  
Senator Bob Deuell

Date  
03/10/2010

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
King, Wanda (Mrs.)

Contributor address; City; State; Zip Code  
Mesquite, TX 75150

Amount of contribution (\$) | In-kind contribution description (if applicable)

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)  
Retired

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

**1** PAGE #  
Schedule: 7/12 Report: 10/32

**2** FILER NAME Burkett, Cindy (Ms.)

**3** ACCOUNT # (Ethics Commission filers)  
00065930

**4** Date **5** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
King, Wanda (Mrs.)

06/03/2010

**6** Contributor address; City; State; Zip Code  
Mesquite, TX 75150

**7** Amount of contribution (\$)  
\$100.00

**8** In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

**9** Principal occupation / Job title (See Instructions)

**10** Employer (See Instructions)  
Retired

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Leonard, Ken (Mr.)

03/13/2010

Contributor address; City; State; Zip Code  
Forney, TX 75126

Amount of contribution (\$)  
\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Partnership Specialist

Employer (See Instructions)  
US Census Bureau

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Liechty, Paul (Dr.)

04/29/2010

Contributor address; City; State; Zip Code  
Heath, TX 75032

Amount of contribution (\$)  
\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Chiropractor

Employer (See Instructions)  
American Chiropractic

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Mayes, Elizabeth Gray (Ms.)

05/17/2010

Contributor address; City; State; Zip Code  
Plano, TX 75093

Amount of contribution (\$)  
\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Government Relations Director

Employer (See Instructions)  
Texas Instruments

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
McNaughton, Shea (Ms.)

06/29/2010

Contributor address; City; State; Zip Code  
Carrollton, TX 75010

Amount of contribution (\$)  
\$300.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Executive Assistant

Employer (See Instructions)  
Beall Bank

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 8/12 Report: 11/32	
<b>2</b> FILER NAME Burkett, Cindy (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00065930	
<b>4</b> Date  06/01/2010	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mesquite Republican Women's PAC  <b>6</b> Contributor address; City; State; Zip Code Mesquite, TX 75185	<b>7</b> Amount of contribution (\$)  \$900.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date  06/05/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mooney, Glonda (Ms.)  Contributor address; City; State; Zip Code Edgewood, TX 75117	Amount of contribution (\$)  \$40.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Admin Assistant		Employer (See Instructions) Cowboy Bail Bonds	
Date  06/04/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nabors, James and Faye (Mr.)  Contributor address; City; State; Zip Code Sunnyvale, TX 75182	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Retired	
Date  03/04/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nichols, Julie (Mrs.)  Contributor address; City; State; Zip Code Austin, TX 78744	Amount of contribution (\$)  \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Retired	
Date  06/11/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Parish, Danny (Mr.)  Contributor address; City; State; Zip Code Earth, TX 79031	Amount of contribution (\$)  \$300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) Self	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/12 Report: 12/32	
2 FILER NAME Burkett, Cindy (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00065930	
4 Date  06/29/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Potter, Michael (Mr.) ..... 6 Contributor address; City; State; Zip Code Mesquite, TX 75181	7 Amount of contribution (\$)  \$25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Traffic Operations		10 Employer (See Instructions) City of Dallas	
Date  06/21/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pounds, Bunni (Ms.) ..... Contributor address; City; State; Zip Code Garland, TX 75041	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Campaign Manager		Employer (See Instructions) Friends of Jeb Hensarling	
Date  06/04/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ramslund, Russell Jr. (Mr.) ..... Contributor address; City; State; Zip Code Midland, TX 79702	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) Boka Powell	
Date  06/21/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rees-Jones, Trevor (Mr.) ..... Contributor address; City; State; Zip Code Dallas, TX 75225-0826	Amount of contribution (\$)  \$10,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Chief Oil and Gas Inc.	
Date  06/17/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reid, Terry (Ms.) ..... Contributor address; City; State; Zip Code Sunnyvale, TX 75182	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Financial Advisor		Employer (See Instructions) Spectrum Financial Group	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 10/12 Report: 13/32	
2 FILER NAME Burkett, Cindy (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00065930	
4 Date  03/13/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rockwall County Republican Men's Club  6 Contributor address; City; State; Zip Code Rockwall, TX 75087	7 Amount of contribution (\$)  \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Dentist		10 Employer (See Instructions) Stone Canyon Dental	
Date  02/25/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stuart, Michael (Dr.)  Contributor address; City; State; Zip Code Mesquite, TX 75149	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions) Stone Canyon Dental	
Date  06/28/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texans for Lawsuit Reform PAC  Contributor address; City; State; Zip Code Austin, TX 78701	Amount of contribution (\$)  \$20,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  06/30/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texans for Lawsuit Reform PAC  Contributor address; City; State; Zip Code Austin, TX 78701	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable) In kind consulting services
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  06/30/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texans for Lawsuit Reform PAC  Contributor address; City; State; Zip Code Austin, TX 78701	Amount of contribution (\$)  \$1,500.00	In-kind contribution description (if applicable) In kind consulting services
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 11/12 Report: 14/32	
2 FILER NAME Burkett, Cindy (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00065930	
4 Date  04/07/2010	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# C00340661 ) Texas Freedom Fund ..... 6 Contributor address; City; State; Zip Code Alexandria, VA 22301	7 Amount of contribution (\$)  \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  06/17/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas McDonald's Operation PAC Inc. ..... Contributor address; City; State; Zip Code Austin, TX 78701	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  06/24/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Restaurant Association PAC ..... Contributor address; City; State; Zip Code Austin, TX 78767	Amount of contribution (\$)  \$2,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/22/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wade, Jim (Mr.) ..... Contributor address; City; State; Zip Code Sunnyvale, TX 75182	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Wealth Manager		Employer (See Instructions) Self	
Date  06/11/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Weaver, Harry (Mr.) ..... Contributor address; City; State; Zip Code Terrell, TX 75161	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Assistant Attorney General		Employer (See Instructions) Gregg Abbott's Office	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

**1** PAGE #  
Schedule: 12/12 Report: 15/32

**2** FILER NAME Burkett, Cindy (Ms.)

**3** ACCOUNT # (Ethics Commission filers)  
00065930

**4** Date  
05/30/2010

**5** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Webb, Shannon (Ms.)

**6** Contributor address; City; State; Zip Code  
Sunnyvale, TX 75182

**7** Amount of contribution (\$) | **8** In-kind contribution description (if applicable)  
\$100.00 |

(If travel outside of Texas, complete Schedule T)

**9** Principal occupation / Job title (See Instructions)

**10** Employer (See Instructions)  
Retired

Date  
06/15/2010

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Williams, Beverly (Ms.)

Contributor address; City; State; Zip Code  
Sunnyvale, TX 75182

Amount of contribution (\$) | In-kind contribution description (if applicable)  
\$300.00 | Food and preparation for fund raiser

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
06/11/2010

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Zahn, Walter (Mr.)

Contributor address; City; State; Zip Code  
Mesquite, TX 75150

Amount of contribution (\$) | In-kind contribution description (if applicable)  
\$100.00 |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)  
Retired

**LOANS**

**SCHEDULE E**

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 1/1 Report: 16/32
<b>2</b> FILER NAME Burkett, Cindy (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00065930
<b>4</b> TOTAL OF UNITEMIZED LOANS:                      ⇌⇌⇌⇌⇌⇌		<b>\$</b>
<b>5</b> Date of loan 05/04/2010	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____ ) Burkett, Cindy (Mrs.)	<b>9</b> Loan Amount (\$) \$2,000.00
<b>6</b> Is lender a financial Institution?  No	<b>8</b> Lender address;    City;            State;    Zip Code  Mesquite, TX 75149	<b>10</b> Interest rate 0.00
		<b>11</b> Maturity date 12/31/2010
<b>12</b> Principal occupation / Job title (See Instructions) Vice President		<b>13</b> Employer (See Instructions) Highline Enterprises LLC
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> none		
<b>15</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>16</b> Name of guarantor  ..... <b>17</b> Guarantor address; City;            State;    Zip Code	<b>18</b> Amount Guaranteed (\$)
<b>19</b> Principal Occupation		<b>20</b> Employer



**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

**The INSTRUCTION GUIDE explains how to complete this form.**

<b>1</b> PAGE # Schedule: 1/6 Report: 17/32		<b>2</b> FILER NAME Burkett, Cindy (Ms.)		<b>3</b> ACCOUNT # (TEC filers) 00065930	
<b>4</b> Date 06/15/2010	<b>5</b> Payee name Davidson, Donna (Ms.)				
<b>6</b> Amount (\$) \$420.00	<b>7</b> Payee address City; State; Zip Code PO Box 12131 Austin, TX 78711-2131				
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Legal Services		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> legal		
<b>9</b> Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 06/25/2010	Payee name DME Services of Texas				
Amount (\$) \$500.00	Payee address City; State; Zip Code 2201 N. Galloway Mesquite, TX 75149				
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Monthly rent		
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 02/23/2010	Payee name Murphy Turner and Associates LLC				
Amount (\$) \$2,216.50	Payee address City; State; Zip Code PO Box 296 Austin, TX 78767-0296				
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> mailers		
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 02/24/2010	Payee name Murphy Turner and Associates LLC				
Amount (\$) \$297.14	Payee address City; State; Zip Code PO Box 296 Austin, TX 78767-0296				
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Robo calls		
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

**The INSTRUCTION GUIDE explains how to complete this form.**

<b>1</b> PAGE # Schedule: 2/6 Report: 18/32		<b>2</b> FILER NAME Burkett, Cindy (Ms.)		<b>3</b> ACCOUNT # (TEC filers) 00065930	
<b>4</b> Date 02/24/2010	<b>5</b> Payee name Murphy Turner and Associates LLC				
<b>6</b> Amount (\$) \$4,899.36	<b>7</b> Payee address City; State; Zip Code PO Box 296 Austin, TX 78767-0296				
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> mailers		
<b>9</b> Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 02/25/2010	Payee name Murphy Turner and Associates LLC				
Amount (\$) \$4,858.67	Payee address City; State; Zip Code PO Box 296 Austin, TX 78767-0296				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Mailers		
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 03/01/2010	Payee name Murphy Turner and Associates LLC				
Amount (\$) \$32.26	Payee address City; State; Zip Code PO Box 296 Austin, TX 78767-0296				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Pro-rated retainer fee		
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 03/08/2010	Payee name Murphy Turner and Associates LLC				
Amount (\$) \$4,586.00	Payee address City; State; Zip Code PO Box 296 Austin, TX 78767-0296				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Polling Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Phone matching and calls		
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 3/6 Report: 19/32		<b>2</b> FILER NAME Burkett, Cindy (Ms.)		<b>3</b> ACCOUNT # (TEC filers) 00065930	
<b>4</b> Date 03/08/2010		<b>5</b> Payee name Murphy Turner and Associates LLC			
<b>6</b> Amount (\$) \$13,150.00		<b>7</b> Payee address City; State; Zip Code PO Box 296 Austin, TX 78767-0296			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Consulting fee	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 03/08/2010		Payee name Murphy Turner and Associates LLC			
Amount (\$) \$10,000.00		Payee address City; State; Zip Code PO Box 296 Austin, TX 78767-0296			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Consultant fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 03/25/2010		Payee name Murphy Turner and Associates LLC			
Amount (\$) \$135.08		Payee address City; State; Zip Code PO Box 296 Austin, TX 78767-0296			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Business cards	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 05/10/2010		Payee name Murphy Turner and Associates LLC			
Amount (\$) \$99.79		Payee address City; State; Zip Code PO Box 296 Austin, TX 78767-0296			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Quarterly webhosting fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 4/6 Report: 20/32		<b>2</b> FILER NAME Burkett, Cindy (Ms.)		<b>3</b> ACCOUNT # (TEC filers) 00065930	
<b>4</b> Date 05/25/2010	<b>5</b> Payee name Murphy Turner and Associates LLC				
<b>6</b> Amount (\$) \$2,507.94	<b>7</b> Payee address City; State; Zip Code PO Box 296 Austin, TX 78767-0296				
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign literature		
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 06/15/2010	Payee name Murphy Turner and Associates LLC				
Amount (\$) \$935.36	Payee address City; State; Zip Code PO Box 296 Austin, TX 78767-0296				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Push cards		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 03/05/2010	Payee name NASICA				
Amount (\$) \$2,000.00	Payee address City; State; Zip Code PO Box 167621 Irving, TX 75016				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign manager		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 04/09/2010	Payee name NASICA				
Amount (\$) \$3,000.00	Payee address City; State; Zip Code PO Box 167621 Irving, TX 75016				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign manager		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

**The INSTRUCTION GUIDE explains how to complete this form.**

<b>1</b> PAGE # Schedule: 5/6 Report: 21/32		<b>2</b> FILER NAME Burkett, Cindy (Ms.)		<b>3</b> ACCOUNT # (TEC filers) 00065930	
<b>4</b> Date 05/14/2010	<b>5</b> Payee name NASICA				
<b>6</b> Amount (\$) \$3,000.00	<b>7</b> Payee address City; State; Zip Code PO Box 167621 Irving, TX 75016				
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign manager		
<b>9</b> Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 06/02/2010	Payee name NASICA				
Amount (\$) \$3,000.00	Payee address City; State; Zip Code PO Box 167621 Irving, TX 75016				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign manager		
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 06/30/2010	Payee name PayPal				
Amount (\$) \$68.38	Payee address City; State; Zip Code 2211 N. First Street San Jose, CA 95131				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Aggregate processing fees		
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 06/05/2010	Payee name Shafer, Kris (Mr.)				
Amount (\$) \$1,000.00	Payee address City; State; Zip Code 6132 Saratoga Circle Dallas, TX 75214				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Field Coordinator		
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 6/6 Report: 22/32		<b>2</b> FILER NAME Burkett, Cindy (Ms.)		<b>3</b> ACCOUNT # (TEC filers) 00065930	
<b>4</b> Date 06/30/2010		<b>5</b> Payee name Shafer, Kris (Mr.)			
<b>6</b> Amount (\$) \$119.83		<b>7</b> Payee address City; State; Zip Code 6132 Saratoga Circle Dallas, TX 75214			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Re-imbusement for office supplies	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 06/30/2010		Payee name Shafer, Kris (Mr.)			
Amount (\$) \$1,000.00		Payee address City; State; Zip Code 6132 Saratoga Circle Dallas, TX 75214			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Field Coordinator	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 06/21/2010		Payee name Valentine Direct Marketing LLC			
Amount (\$) \$942.01		Payee address City; State; Zip Code 5415 Maple Ave Suite 230 Dallas, TX 75235			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Invitations and mailings	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 06/21/2010		Payee name Valentine Direct Marketing LLC			
Amount (\$) \$1,169.21		Payee address City; State; Zip Code 5415 Maple Ave Suite 230 Dallas, TX 75235			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Fundraising letter - printing and mailing	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 1/10 Report: 23/32		<b>2</b> FILER NAME Burkett, Cindy (Ms.)		<b>3</b> ACCOUNT # (TEC filers) 00065930	
<b>4</b> Date 03/20/2010	<b>5</b> Payee name Albertson's				
<b>6</b> Amount (\$) \$57.99 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address City; State; Zip Code 1500 S. Beltline Road Mesquite, TX 75149				
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> food for event		
Date 04/22/2010	Payee name Austin Centre				
Amount (\$) \$8.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 701 Brazos Street Austin, TX 78701				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out of District		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Parking fee		
Date 03/23/2010	Payee name Balch Springs Chamber of Commerce				
Amount (\$) \$80.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code PO Box 800095 Balch Springs, TX 78180				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Membership fee		
Date 04/01/2010	Payee name Balch Springs Chamber of Commerce				
Amount (\$) \$8.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code PO Box 800095 Balch Springs, TX 78180				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Think Tank meeting		

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 2/10 Report: 24/32		<b>2</b> FILER NAME Burkett, Cindy (Ms.)		<b>3</b> ACCOUNT # (TEC filers) 00065930	
<b>4</b> Date 06/08/2010		<b>5</b> Payee name City of Mesquite			
<b>6</b> Amount (\$) \$75.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		<b>7</b> Payee address City; State; Zip Code PO Box 850137 Mesquite, TX 75185			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Certificate of Occupancy	
Date 03/16/2010		Payee name ClearSky24			
Amount (\$) \$276.73 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address City; State; Zip Code 4440 Lawnview Ave Dallas, TX 75227			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign T-Shirts	
Date 04/23/2010		Payee name Elliot's Hardware			
Amount (\$) \$21.95 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address City; State; Zip Code 116 E. Kearney Mesquite, TX 75149			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Supplies for signs	
Date 03/19/2010		Payee name Exchange Club of Mesquite			
Amount (\$) \$40.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address City; State; Zip Code PO Box 870944 Mesquite, TX 75187-0944			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Rodeo parade entry fee	



# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 3/10 Report: 25/32		<b>2</b> FILER NAME Burkett, Cindy (Ms.)		<b>3</b> ACCOUNT # (TEC filers) 00065930	
<b>4</b> Date 03/02/2010		<b>5</b> Payee name Exxon-Mobil			
<b>6</b> Amount (\$) \$15.16 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		<b>7</b> Payee address City; State; Zip Code 105 E. Highway 80 Mesquite, TX 75149			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Soft drinks for meeting	
Date 05/05/2010		Payee name Inovar Packaging			
Amount (\$) \$200.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address City; State; Zip Code 602 Magic Mile Arlington, TX 76011			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Bumper stickers	
Date 06/16/2010		Payee name Inovar Packaging			
Amount (\$) \$108.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address City; State; Zip Code 602 Magic Mile Arlington, TX 76011			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Bumper stickers	
Date 04/16/2010		Payee name LaQuinta Inn and Suites			
Amount (\$) \$149.84 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address City; State; Zip Code 300 E. 11th Street Austin, TX 78701			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Travel Out of District		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Hotel	

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 4/10 Report: 26/32		<b>2</b> FILER NAME Burkett, Cindy (Ms.)		<b>3</b> ACCOUNT # (TEC filers) 00065930	
<b>4</b> Date 05/10/2010	<b>5</b> Payee name Lone Star Foundation				
<b>6</b> Amount (\$) \$189.44 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address City; State; Zip Code 10711 Burnet Road Suite 333 Austin, TX 78758				
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Subscription for Lone Star Report		
Date 03/09/2010	Payee name Mesquite ISD Education Foundation				
Amount (\$) \$1,000.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 405 E. Davis Street Mesquite, TX 75149				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Sponsorship fee		
Date 02/26/2010	Payee name Mesquite Post Office				
Amount (\$) \$24.70 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 120 E. Grugg Mesquite, TX 75149				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage		
Date 04/15/2010	Payee name Mesquite Post Office				
Amount (\$) \$8.97 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 120 E. Grugg Mesquite, TX 75149				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage		

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 5/10 Report: 27/32		<b>2</b> FILER NAME Burkett, Cindy (Ms.)		<b>3</b> ACCOUNT # (TEC filers) 00065930	
<b>4</b> Date 06/21/2010	<b>5</b> Payee name Mesquite Post Office				
<b>6</b> Amount (\$) \$15.84 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address City; State; Zip Code 120 E. Grugg Mesquite, TX 75149				
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage		
Date 05/19/2010	Payee name Mesquite Skeeters Booster Club				
Amount (\$) \$300.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 405 E. Davis Street Mesquite, TX 75149				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Sports program ad		
Date 04/15/2010	Payee name Mesquite Social Services				
Amount (\$) \$75.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 1035 Military Parkway Mesquite, TX 75149				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> W.I.S.E. program ad		
Date 05/14/2010	Payee name Metzger Awards				
Amount (\$) \$182.94 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 105 W. Main Mesquite, TX 75149				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign T-Shirts		

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 6/10 Report: 28/32		<b>2</b> FILER NAME Burkett, Cindy (Ms.)		<b>3</b> ACCOUNT # (TEC filers) 00065930	
<b>4</b> Date 05/28/2010	<b>5</b> Payee name Office Depot				
<b>6</b> Amount (\$) \$25.48 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address City; State; Zip Code 3795 W. Emporium Circle Mesquite, TX 75150				
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> office supplies		
Date 04/02/2010	Payee name Office Max				
Amount (\$) \$145.52 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 1515 Town East Blvd #112 Mesquite, TX 75150				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> paper and ink		
Date 04/07/2010	Payee name Old Town Mesquite				
Amount (\$) \$150.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 109 W. Main Mesquite, TX 75149				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Sponsorship fee		
Date 03/26/2010	Payee name Sam's Club				
Amount (\$) \$64.05 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 7401 Samuell Blvd Dallas, TX 75228				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Candy for Rodeo parade		

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 7/10 Report: 29/32		<b>2</b> FILER NAME Burkett, Cindy (Ms.)		<b>3</b> ACCOUNT # (TEC filers) 00065930	
<b>4</b> Date 04/23/2010		<b>5</b> Payee name Sam's Club			
<b>6</b> Amount (\$) \$74.75 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		<b>7</b> Payee address City; State; Zip Code 7401 Samuell Blvd Dallas, TX 75228			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Candy for Real Texas Fest booth	
Date 06/08/2010		Payee name Sam's Club			
Amount (\$) \$250.21 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address City; State; Zip Code 7401 Samuell Blvd Dallas, TX 75228			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Computer monitor and office supplies	
Date 03/28/2010		Payee name SD 2			
Amount (\$) \$100.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address City; State; Zip Code 5926 Hillside Lane Garland, TX 75043			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertisement in convention program	
Date 02/27/2010		Payee name Southern Maid Donuts			
Amount (\$) \$16.82 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address City; State; Zip Code 500 N. Galloway #6 Mesquite, TX 75149			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donuts for volunteers	

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 8/10 Report: 30/32		<b>2</b> FILER NAME Burkett, Cindy (Ms.)		<b>3</b> ACCOUNT # (TEC filers) 00065930	
<b>4</b> Date 03/27/2010		<b>5</b> Payee name Southern Maid Donuts			
<b>6</b> Amount (\$) \$14.38 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		<b>7</b> Payee address City; State; Zip Code 500 N. Galloway #6 Mesquite, TX 75149			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donuts for volunteers	
Date 05/22/2010		Payee name Southern Maid Donuts			
Amount (\$) \$13.75 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address City; State; Zip Code 500 N. Galloway #6 Mesquite, TX 75149			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donuts for volunteers	
Date 06/05/2010		Payee name Southern Maid Donuts			
Amount (\$) \$18.85 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address City; State; Zip Code 500 N. Galloway #6 Mesquite, TX 75149			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donuts for volunteers	
Date 06/26/2010		Payee name Southern Maid Donuts			
Amount (\$) \$29.04 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address City; State; Zip Code 500 N. Galloway #6 Mesquite, TX 75149			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donuts for volunteers	

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 9/10 Report: 31/32		<b>2</b> FILER NAME Burkett, Cindy (Ms.)		<b>3</b> ACCOUNT # (TEC filers) 00065930	
<b>4</b> Date 04/20/2010	<b>5</b> Payee name Subway				
<b>6</b> Amount (\$) \$54.13 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address City; State; Zip Code 184 S. Collins Sunnyvale, TX 75182				
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Sandwiches for Walk for Life		
Date 05/05/2010	Payee name Subway				
Amount (\$) \$7.96 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 184 S. Collins Sunnyvale, TX 75182				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> snacks for meeting		
Date 04/17/2010	Payee name Sunnyvale Education Foundation				
Amount (\$) \$50.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 417 E. Tripp Road Sunnyvale, TX 75182				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Event fee		
Date 03/27/2010	Payee name Walgreen's				
Amount (\$) \$30.67 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 401 N. Galloway Ave Mesquite, TX 75149				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Candy for Rodeo parade		

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 10/10 Report: 32/32	<b>2</b> FILER NAME Burkett, Cindy (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00065930
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<b>4</b> Date 05/22/2010	<b>5</b> Payee name Walgreen's
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<b>6</b> Amount (\$) \$41.69 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address City; State; Zip Code 401 N. Galloway Ave Mesquite, TX 75149
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Coffee water snacks for volunteers
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Date 06/17/2010	Payee name Walmart
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Amount (\$) \$26.17 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 802 E. Highway 80 Forney, TX 75126
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office supplies
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