# CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

## FORM COR-C/OH

ACCOUNT # 000	65930	PAGE #	1 of 32
CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR FIRST MS. Cindy	MI	OFFICE USE ONLY  Date Received
4 ORIGINAL	NICKNAME LAST Burkett  January 15 Runoff	SUFFIX Other (specify)	
REPORT TYPE	X July 15 Exceed	ded \$500 limit	Date Hand-delivered or Date Postmarked
	appoin 8th day before election Final R	tment (officeholder only) deport	Receipt # Amount
ORIGINAL PERIOD COVERED	Month Day Year	Month Day Year	Legal Totals  Date Processed
	02/21/2010 THROU	лан 06/30/2010	Date Imaged
transfer the loan into the ne	I the software to crash. I then had to re-enew software.		
AFFIDAVIT	X	report is true and correct.  Check ONLY if applicable:  I swear, or affirm, that I am filing the	
AFFIX NOTARY STAMP / SE	before me by	· ·	Candidate or Officeholder day of, 20,
to certify which, witness m	Printed name of officer ac	•	f officer administering oath
Remem	ber To Attach Any Part Of	The Campaign Finance	Report Form

# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

# FORM C/OH COVER SHEET PG 1

(512)463-5800

The C/OH Instruction Gu	IDE explains how to complete this fo	orm.	ACCOUNT # (Ethics Commission	on filers)	2 PAGE#	
			00065930		2 of 32	
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST Ms. Cindy	•		MI	OFFICE U	ISE ONLY
NAME	NICKNAME LAST Burkett			SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX; APT / SUITE #;  1024 Primrose Street Mesquite, TX 74149	CITY	'; STATE;	ZIP CODE	Date Hand-delivered	l or Date Postmarked
					Receipt #	Amount
5 CAMPAIGN TREASURER	MS/MRS/MR FIRST Mike			MI	Date Processed	
NAME	NICKNAME LAST Slaton			SUFFIX	Date Imaged	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); 305 Brookwood Forest Drive Sunnyvale, TX 75182	APT / SUITE	#; CITY;	STATE;	ZIP CODE	
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (214) 232-6012	R	EXTENSIO	ON		
8 REPORT TYPE	January 15 30th day	y before election	n Runoff		15th day after of appointment (of	campaign treasurer fficeholder only)
	X July 15 8th day	before election	Exceed	ed \$500 limit	Final report (Att	tach C/OH - FR)
9 PERIOD COVERED	Month Day Year	THROUG	Mor GH	nth Day	Year	
	02/21/2010			06/30/20	10	
10 ELECTION	ELECTION DATE  Month Day Year	ELECTION TYPE				
	11/02/2010	Primary	Runoff	X	General	Special
11 OFFICE	OFFICE HELD (if any)		12 OFFICE: State F	SOUGHT (if known) Representativ	e District 101	
13 NOTICE OF DIRECT CAMPAIGN	Direct campaign expenditures are c Candidates are required to disclose this		•		•	• •
EXPENDITURE BY OTHER INDIVIDUALS	Name					
	Address/PO Box; Apt. / Suite #; City; State; Zip Code					
additional pages						
GO TO PAGE 2						

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

(512)463-5800

14 C/OH NAME Burke	tt, Cindy (Ms.)		<b>15</b> ACCC 0006	,	Ethics Commission filers)
16 NOTICE FROM	candidate / officehold	ice of political contributions accepted or political expenditures er. These expenditures may have been made without the cand holders are required to report this information only if they recei	lidate's or officehol	der's knowle	edge or consent.
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		·	
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ		\$	0.00
		OLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	79,279.10
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED		MIZED	\$	0.00
	4. TOTAL F	OLITICAL 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		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF Y OF THE REPORTING PERIOD	THE	\$	2,000.00
18 AFFIDAVIT			•		
		I swear, or affirm, under pe is true and correct and incl me under Title 15, Election	ludes all informa		
		Cindy Burkett			
		Signature	e of Candidate or	r Officehol	der
AFFIX NOTARY S	TAMP / SEAL ABOV	E			
Sworn to and subscrib	ed before me, by th	ne said	, this	the	day
of, 2	. to cer	tify which, witness my hand and seal of office.			
Signature of officer admir	nistering oath	Print name of officer administering oath	Title of of	ficer admir	nistering oath

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/	12 Report: 4/32
2 FILER NAME	Burkett, Cindy (Ms.)		3 ACCOUNT# 00065930	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Akers, William Rex (Mr.)	ŧ)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
06/14/2010	<b>6</b> Contributor address; City; State; Zip Code Colleyville, TX 76034		\$500.00	 
			(If travel outside of	Texas, complete Schedule T)
Debugler I	ation / lab title (O as Instructions)	40 5	-	remae, complete companie i,
9 Principal occup Owner	pation / Job title (See Instructions)	10 Employer (See In HealthCare Cor		
Date	Full name of contributor  ut-of-state PAC (ID# Associated Republicans of Texas	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/28/2010	Contributor address; City; State; Zip Code		\$20,000.00	 
	Austin, TX 78701		(If travel outside of	Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See In	structions)	
Timopai occup	autority cost title (cost monastione)		ou double,	
Date	Full name of contributor  uut-of-state PAC (ID# Baker, Bill (Mr.)	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/17/2010	Contributor address; City; State; Zip Code		\$25.00	 
	Terrell, TX 75160		(If travel outside of	Texas, complete Schedule T)
Principal occup	nation / Job title (See Instructions)	Employer (See In Reitred	structions)	
Date	Full name of contributor	ŧ)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/13/2010	Contributor address; City; State; Zip Code  Dallas, TX 75214		\$1,000.00	    -
			(If travel outside of	Texas, complete Schedule T)
Dringinal occur	pation / Job title (See Instructions)	Employer (See In	· ·	
Cemeterian	ation 7 300 title (See instructions)	Laurel Oaks Ce		
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/20/2010	Contributor address; City; State; Zip Code		\$50.00	 
	Garland, TX 75043			 
				Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In Not Supplied	structions)	

# 1-800-325-8506 SCHEDULE A

# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

P.O.Box 12070

The Instructi	ON GUIDE explains how to complete this form.	_	1 PAGE # Schedule: 2/1	12 Report: 5/32
2 FILER NAME	Burkett, Cindy (Ms.)		3 ACCOUNT # 00065930	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Bounds, Wayne (Mr.)	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05/24/2010	6 Contributor address; City; State; Zip Code		\$100.00	 
	Mesquite, TX 75150		/lf traval autoido of	Towas commisses Cabadiula T
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In:	,	Texas, complete Schedule T)
9 Fillicipal occu	oation / Job title (See instructions)	Retired	Structions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/25/2010	Contributor address; City; State; Zip Code		\$100.00	l
	Mesquite, TX 75150			I
			(If travel outside of	Texas, complete Schedule T)
Principal occu <sub>l</sub> Money Mana	pation / Job title (See Instructions) ger	Employer (See In: Evolve Securitie		
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/06/2010	Contributor address; City; State; Zip Code		\$50.00	 
	Mesquite, TX 75150			l
			,	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In: Retired	structions)	
Date	Full name of contributor  ut-of-state PAC (ID# Bridges, Ernestine (Mrs.)	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/15/2010	Contributor address; City; State; Zip Code  Mesquite, TX 75150		\$50.00	 
			(If traval outside of	Texas, complete Schedule T)
Principal occu	Dation / Job title (See Instructions)	Employer (See In: Retired		Texas, complete scriedule 1)
Date	Full name of contributor  uut-of-state PAC (ID# Carona, Helen (Ms.)	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/09/2010	Contributor address; City; State; Zip Code		\$2,500.00	] 
	Dallas, TX 75220			
			(If travel outside of	Texas, complete Schedule T)
	pation / Job title (See Instructions) P and Chief Integration Officer	Employer (See In: Associa	<u> </u>	· · · · · · · · · · · · · · · · · · ·

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/	12 Report: 6/32
2 FILER NAME	Burkett, Cindy (Ms.)		3 ACCOUNT# 00065930	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Cecil, Bill (Mr.)	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
03/13/2010	6 Contributor address; City; State; Zip Code		\$45.00	 
	Rockwall, TX 75087			I
			-	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In Retired	structions)	
Date	Full name of contributor  uut-of-state PAC (ID# Conger, Eddie (Mr.)	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/13/2010	Contributor address; City; State; Zip Code		\$20.00	 
	Rockwall, TX 75087			I
			,	Texas, complete Schedule T)
Principal occup Principal	pation / Job title (See Instructions)	Employer (See In Dallas ISD	structions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/14/2010	Contributor address; City; State; Zip Code		\$50.00	 
	Terrell, TX 75160		(If travel outside of	Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See In	,	Texas, complete schedule 1)
T Timolpai Goodp		Retired	on donorio,	
Date	Full name of contributor  ut-of-state PAC (ID# Culpepper, Kenda (Ms.)	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/11/2010	Contributor address; City; State; Zip Code		\$100.00	 
	Rockwall, TX 75087			I
			l '	Texas, complete Schedule T)
Principal occup District Attorn	eation / Job title (See Instructions) ey	Employer (See In Rockwall Count		
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/04/2010	Contributor address; City; State; Zip Code		\$100.00	 
	Mesquite, TX 75150			I
			(If travel outside of	Texas, complete Schedule T)
Principal occup Admin	ation / Job title (See Instructions)	Employer (See In Hunt Oil	structions)	

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/1	12 Report: 7/32
2 FILER NAME	Burkett, Cindy (Ms.)		3 ACCOUNT# 00065930	(Ethics Commission filers)
4 Date	<b>5</b> Full name of contributor ☐ out-of-state PAC (ID# Davidson, Roseleen (Ms.)	:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
06/09/2010	6 Contributor address; City; State; Zip Code		\$25.00	 
	Sunnyvale, TX 75182			 
			l -	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In Retired	structions)	
Date	Full name of contributor  uut-of-state PAC (ID# Driegert, Robert (Mr.)	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/26/2010	Contributor address; City; State; Zip Code		\$250.00	 
	Richardson, TX 75080		/If troval autoide of	Texas, complete Schedule T)
Dringing again	pation / Job title (See Instructions)	Employer (See In	l -	Texas, complete Schedule 1)
Attorney	auon / 300 tue (See instructions)	Employer (See In Self	Sti detions)	
Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable) Mailing supporting
02/21/2010	Contributor address; City; State; Zip Code		\$6,104.10	candidacy 
	Austin, TX 78720		(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/26/2010	Contributor address; City; State; Zip Code		\$100.00	 
	Mesquite, TX 75150			l
			-	Texas, complete Schedule T)
Principal occup Optomologist	pation / Job title (See Instructions)	Employer (See In Eye Care & Las	structions) ser Management	
Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/05/2010	Contributor address; City; State; Zip Code		\$50.00	 
	Mesquite, TX 75150			l 
	<u></u>		<u> </u>	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In Retired	structions)	

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/	12 Report: 8/32
2 FILER NAME	Burkett, Cindy (Ms.)		3 ACCOUNT# 00065930	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Friends of Bob Deuell	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05/02/2010	6 Contributor address; City; State; Zip Code		\$1,000.00	 
	Greenville, TX 75404-8609		(If traval outside of	Texas, complete Schedule T)
			-	Texas, complete schedule 1)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/15/2010	Contributor address; City; State; Zip Code		\$5,000.00	 
	Austin, TX 78701		(If here well as whele a set	Tanas assembles Salastida T
5				Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	<b>#</b> )	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/29/2010	Contributor address; City; State; Zip Code		\$100.00	1 
	Mesquite, TX 75149		(If travel outside of	Texas, complete Schedule T)
Principal occup Musician	pation / Job title (See Instructions)	Employer (See In Self	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/07/2010	Contributor address; City; State; Zip Code Dallas, TX 75205		\$200.00	 
	Dallas, TX 73203		(If travel outside of	Texas, complete Schedule T)
Principal occur	Dation / Job title (See Instructions)	Employer (See In	<u> </u>	, , ,
T Timolpai occup	valion, oop tille (occ mandelions)	Retired	3ti detions)	
Date	Full name of contributor  ut-of-state PAC (ID# Harper, Alan (Mr.)	<b>#</b> )	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/15/2010	Contributor address; City; State; Zip Code		\$500.00	 
	Arlington, TX 76016		4,,,,,,	 
5				Texas, complete Schedule T)
Principal occup Owner	pation / Job title (See Instructions)	Employer (See In Harper Investm		

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/1	12 Report: 9/32
2	FILER NAME	Burkett, Cindy (Ms.)		3 ACCOUNT # 00065930	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Helbing, Scott (Mr.)	)	7 Amount of contribution (\$)	8
	06/08/2010	6 Contributor address; City; State; Zip Code Dallas, TX 75205		\$100.00	 
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Attorney	ation / Job title (See Instructions)	10 Employer (See In Strasburger and		
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/18/2010	Contributor address; City; State; Zip Code		\$500.00	 
		Dallas, TX 75201			 
				,	Texas, complete Schedule T)
	Principal occup CEO	ation / Job title (See Instructions)	Employer (See In Rosewood Corp		
	Date	Full name of contributor  uut-of-state PAC (ID# Johnson, Keith (Mr.)	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/06/2010	Contributor address; City; State; Zip Code		\$50.00	 
		Garland, TX 75040		(If travel outside of	Texas, complete Schedule T)
	Principal occup Test Technici	ation / Job title (See Instructions) an	Employer (See In Raytheon	structions)	
	Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/15/2010	Contributor address; City; State; Zip Code  Mesquite, TX 75149		\$200.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Deputy Regio	ation / Job title (See Instructions) nal Director	Employer (See In Senator Bob De		
	Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/10/2010	Contributor address; City; State; Zip Code		\$100.00	 
		Mesquite, TX 75150			I
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In Retired	structions)	

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/1	12 Report: 10/32
2	FILER NAME	Burkett, Cindy (Ms.)		3 ACCOUNT# 00065930	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# King, Wanda (Mrs.)		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	06/03/2010	6 Contributor address; City; State; Zip Code		\$100.00	 
		Mesquite, TX 75150			I 
				_ ·	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In Retired	structions)	
	Date	Full name of contributor  ut-of-state PAC (ID# Leonard, Ken (Mr.)	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/13/2010	Contributor address; City; State; Zip Code		\$100.00	 
		Forney, TX 75126			 
				,	Texas, complete Schedule T)
	Principal occup Partnership S	ation / Job title (See Instructions) specialist	Employer (See In US Census Bur		
	Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/29/2010	Contributor address; City; State; Zip Code		\$250.00	I I
		Heath, TX 75032		(If travel outside of	Texas, complete Schedule T)
	Principal occup Chiropractor	ation / Job title (See Instructions)	Employer (See In American Chiro		
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/17/2010	Contributor address; City; State; Zip Code Plano, TX 75093		\$250.00	 
		11410, 1770000		(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In		remain, complete conceans it,
		Relations Director	Texas Instrume		
	Date	Full name of contributor U out-of-state PAC (ID# McNaughton, Shea (Ms.)	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/29/2010	Contributor address; City; State; Zip Code		\$300.00	 
		Carrollton, TX 75010			 
	Data da d	ation ( Joh Mile (Oce Instruct)	Frank (O. I.	-	Texas, complete Schedule T)
	Principal occup Executive Ass	ation / Job title (See Instructions) sistant	Employer (See In Beall Bank	structions)	

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/1	12 Report: 11/32
2 FILER NAME	Burkett, Cindy (Ms.)		3 ACCOUNT# 00065930	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Mesquite Republican Women's PAC	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
06/01/2010	6 Contributor address; City; State; Zip Code		\$900.00	 
	Mesquite, TX 75185			I
			J -	Texas, complete Schedule T)
9 Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor  ut-of-state PAC (ID# Mooney, Glonda (Ms.)	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/05/2010	Contributor address; City; State; Zip Code		\$40.00	 
	Edgewood, TX 75117			I
				Texas, complete Schedule T)
Principal occup Admin Assist	nation / Job title (See Instructions) ant	Employer (See In Cowboy Bail Bo		
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/04/2010	Contributor address; City; State; Zip Code		\$25.00	 
	Sunnyvale, TX 75182		(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In Retired	structions)	
Date	Full name of contributor  uut-of-state PAC (ID# Nichols, Julie (Mrs.)	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/04/2010	Contributor address; City; State; Zip Code		\$20.00	 
	Austin, TX 78744			I
			<u> </u>	Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See In Retired	structions)	
Date	Full name of contributor  ut-of-state PAC (ID# Parish, Danny (Mr.)	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/11/2010	Contributor address; City; State; Zip Code		\$300.00	 
	Earth, TX 79031			l
			(If travel outside of	Texas, complete Schedule T)
Principal occup Farmer	eation / Job title (See Instructions)	Employer (See In Self	structions)	

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/1	12 Report: 12/32
2	FILER NAME	Burkett, Cindy (Ms.)		3 ACCOUNT# 00065930	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Potter, Michael (Mr.)		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
(	06/29/2010	<b>6</b> Contributor address; City; State; Zip Code Mesquite, TX 75181		\$25.00	 
		Wesquite, 17/70101		(If traval autoido of	Texas, complete Schedule T)
					Texas, complete Schedule 1)
9	Principal occup Traffic Operat	ation / Job title (See Instructions) tions	10 Employer (See In City of Dallas	structions)	
	Date	Full name of contributor  uut-of-state PAC (ID# Pounds, Bunni (Ms.)	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
(	06/21/2010	Contributor address; City; State; Zip Code		\$50.00	I I
		Garland, TX 75041			_
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Campaign Ma	ation / Job title (See Instructions) anager	Employer (See In Friends of Jeb I		
				<u> </u>	
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
(	06/04/2010	Contributor address; City; State; Zip Code		\$100.00	 
		Midland, TX 79702		(If travel outside of	Texas, complete Schedule T)
	Principal occup CFO	ation / Job title (See Instructions)	Employer (See In Boka Powell	structions)	
	Date	Full name of contributor	<u>:</u> )	Amount of contribution (\$)	In-kind contribution description (if applicable)
(	06/21/2010	Contributor address; City; State; Zip Code  Dallas, TX 75225-0826		\$10,000.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup CEO	ation / Job title (See Instructions)	Employer (See In Chief Oil and G		
	Date	Full name of contributor  uut-of-state PAC (ID# Reid, Terry (Ms.)	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
(	06/17/2010	Contributor address; City; State; Zip Code		\$50.00	 
		Sunnyvale, TX 75182			I _
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Financial Adv	ation / Job title (See Instructions) isor	Employer (See In Specturm Finan		

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 10	/12 Report: 13/32
2 FILER NAME	Burkett, Cindy (Ms.)		3 ACCOUNT# 00065930	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Rockwall County Republican Men's Club	!)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
03/13/2010	6 Contributor address; City; State; Zip Code Rockwall, TX 75087		\$500.00	 
	Tiookidaii, 174.76667		/If traval autoido of	Texas, complete Schedule T)
• B: : I		12 5 1 (0 1	l -	Texas, complete Schedule 1)
9 Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor  uut-of-state PAC (ID# Stuart, Michael (Dr.)	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/25/2010	Contributor address; City; State; Zip Code		\$200.00	 
	Mesquite, TX 75149		(If travel outside of	Texas, complete Schedule T)
Principal occup Dentist	ation / Job title (See Instructions)	Employer (See In Stone Canyon I	structions)	Toxas, complete concaute 1)
Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/28/2010	Contributor address; City; State; Zip Code		\$20,000.00	 
	Austin, TX 78701		(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable) In kind consulting
06/30/2010	Contributor address; City; State; Zip Code Austin, TX 78701		\$250.00	services
	Addin, 1X70701		(If travel outside of	Texas, complete Schedule T)
Principal accum	ection / Joh title (See Instructions)	Employer (See In	,	Texas, complete schedule 1)
- гинсіраї осси <u>р</u>	pation / Job title (See Instructions)	Employer (See in	structions)	
Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable) In kind consulting
06/30/2010	Contributor address; City; State; Zip Code		\$1,500.00	services
	Austin, TX 78701		(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	,	33

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 11	/12 Report: 14/32
2 FILER NAME	Burkett, Cindy (Ms.)		3 ACCOUNT# 00065930	(Ethics Commission filers)
4 Date	5 Full name of contributor ☒ out-of-state PAC (ID# Texas Freedom Fund	£ C00340661 )	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/07/2010	6 Contributor address; City; State; Zip Code		\$1,000.00	 
	Alexandria, VA 22301			I
			-	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In:	structions)	
Date	Full name of contributor  ut-of-state PAC (ID# Texas McDonald's Operation PAC Inc.	ŧ)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/17/2010	Contributor address; City; State; Zip Code		\$1,000.00	 
	Austin, TX 78701			I
			,	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/24/2010	Contributor address; City; State; Zip Code		\$2,500.00	 
	Austin, TX 78767			
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor	ŧ)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/22/2010	Contributor address; City; State; Zip Code		\$250.00	 
	Sunnyvale, TX 75182			I
			(If travel outside of	Texas, complete Schedule T)
Principal occup Wealth Mana	pation / Job title (See Instructions) ger	Employer (See In: Self	structions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/11/2010	Contributor address; City; State; Zip Code		\$100.00	 
	Terrell, TX 75161			
			(If travel outside of	Texas, complete Schedule T)
	partion / Job title (See Instructions) princy General	Employer (See In: Gregg Abbott's		

The Instructi	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 12	/12 Report: 15/32
2 FILER NAME	Burkett, Cindy (Ms.)		3 ACCOUNT # 00065930	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID: Webb, Shannon (Ms.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05/30/2010	6 Contributor address; City; State; Zip Code		\$100.00	 
	Sunnyvale, TX 75182			l
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In Retired	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable) Food and preparation
06/15/2010	Contributor address; City; State; Zip Code		\$300.00	Food and preparation for fund raiser
	Sunnyvale, TX 75182			l 
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/11/2010	Contributor address; City; State; Zip Code		\$100.00	 
	Mesquite, TX 75150			l
				Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In Retired	structions)	

LOANS			SCHEDULE E
The Instruction Guide explains how to complete this form.		1 PAGE # Schedule: 1/1	Report: 16/32
2 FILER NAME Burkett, Cindy (Ms.)		3 ACCOUNT# (00065930	Ethics Commission filers)
TOTAL OF UNITEMIZED LOANS:	<del></del>		\$
5 Date of loan 7 Name of lender 05/04/2010 Burkett, Cindy (Mrs.)	of-state PAC (ID#		9 Loan Amount (\$) \$2,000.00
6 Is lender a financial Institution?  8 Lender address; City; State; Mesquite, TX 75149	Zip Code		10 Interest rate 0.00
No Mosquie, 17770110			11 Maturity date 12/31/2010
12 Principal occupation / Job title (See Instructions) Vice President	13 Employer (See Instructi Highline Enterprises	ions) LLC	
14 Description of Collateral			
15 GUARANTOR INFORMATION 16 Name of guarantor			18 Amount Guaranteed (\$)
■ 17 Guarantor address; City; State;	Zip Code		
19 Principal Occupation	20 Employer		

### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

EXPENDITURE CATEGORIES

Price 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 ho	w to complete this for	rm.		
1 PAGE#		2 FILER NAME		3	ACCOUNT # (TEC	filers)
Schedule: 1/6 Re	port: 17/32	Burkett, Cindy (Ms.)			00065930	
4 Date	5 Payee name					
06/15/2010	Davidson, D	onna (Ms.)				
<b>6</b> Amount (\$)	7 Payee addres	s City; State; Zip Code				
\$420.00	PO Box 1213					
	Austin, TX 7	/8/11-2131				
			In			
8 PURPOSE		e Categories listed at the top of this schedule)	1 ' '	(If travel outside of T	exas, complete Schedule	e T)
OF	Legal Servic	es	legal			
EXPENDITURE						
9 Complete ONLY if	Candidate / O	fficeholder name	Office sou	aht.	Office held:	
direct expenditure	Garialdate / G	modification in the second sec	011100 000	grit.	Omoc noid.	
to benefit C/OH						
Date	Payee name					
06/25/2010	DME Service					
Amount (\$)	Payee addres					
\$500.00	2201 N. Gall	loway				
	Mesquite, T	X /5149				
	0					
PURPOSE		e Categories listed at the top of this schedule) nead/Rental Expense	Description Monthly rent	•	exas, complete Schedule	ə I) 🔲
OF	Office Overri	lead/Refital Expense	Wioritrily rent			
EXPENDITURE						
Complete ONLY if	Candidate / O	fficeholder name	Office sou	ght:	Office held:	
direct expenditure to benefit C/OH						
Date	Payee name	per and Associates LLC				
02/23/2010		ner and Associates LLC				
Amount (\$)	Payee addres	•				
\$2,216.50	PO Box 296 Austin, TX 7					
	7.000,	0.0. 0.00				
	Category (See	e Categories listed at the top of this schedule)	Description	(If travel outside of T	exas, complete Schedule	е Т) П
PURPOSE	Advertising E	•	mailers	(		/ Ц
OF EXPENDITURE		•				
Complete <b>ONLY</b> if direct expenditure	Candidate / O	fficeholder name	Office sou	ght:	Office held:	
to benefit C/OH						
Date	Payee name					
02/24/2010	,	ner and Associates LLC				
Amount (\$)	Payee addres					
\$297.14	•	•				
Ψ237.14	Austin, TX 7					
	Category (See	e Categories listed at the top of this schedule)	Description	(If travel outside of T	exas, complete Schedule	e T)
PURPOSE OF	Advertising E	Expense	Robo calls			
EXPENDITURE						
	0 "	re			000	
Complete <b>ONLY</b> if direct expenditure	Candidate / O	fficeholder name	Office sou	gnt:	Office held:	
to benefit C/OH						

#### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense

**EXPENDITURE CATEGORIES** 

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

(512)463-5800

Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 2 FILER NAME 1 PAGE# 3 ACCOUNT # (TEC filers) Burkett, Cindy (Ms.) 00065930 Schedule: 2/6 Report: 18/32 5 Payee name 4 Date Murphy Turner and Associates LLC 02/24/2010 6 Amount (\$) Payee address City; State; Zip Code PO Box 296 \$4,899.36 Austin, TX 78767-0296 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Advertising Expense mailers OF **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office held: Office sought: direct expenditure to benefit C/OH Date Payee name Murphy Turner and Associates LLC 02/25/2010 City; State; Zip Code Amount (\$) Payee address PO Box 296 \$4,858.67 Austin, TX 78767-0296 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Advertising Expense Mailers **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Murphy Turner and Associates LLC 03/01/2010 Amount (\$) Payee address City; State; Zip Code PO Box 296 \$32.26 Austin, TX 78767-0296 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Consulting Expense Pro-rated retainer fee OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Murphy Turner and Associates LLC 03/08/2010 Amount (\$) Pavee address City: State: Zip Code PO Box 296 \$4,586.00 Austin, TX 78767-0296 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** Polling Expense Phone matching and calls OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office held: Office sought: direct expenditure to benefit C/OH

### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

**EXPENDITURE CATEGORIES** 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 he	ow to complete this form.	
1 PAGE#		2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 3/6 Re	port: 19/32	Burkett, Cindy (Ms.)		00065930
4 Date	5 Payee name			
03/08/2010	Murphy Turn	er and Associates LLC		
<b>6</b> Amount (\$)	7 Payee addres	s City; State; Zip Code		
\$13,150.00	PO Box 296	70707 0000		
	Austin, TX 7	78767-0296		
•	(a) Catagony (Car	O-4	(h) Description (15 translantside	of Towns and one of the state T
8 PURPOSE	Consulting E	e Categories listed at the top of this schedule)	(b) Description (If travel outside Consulting fee	of Texas, complete Schedule T)
OF	Oonsuling L	лрепве	Consuming lee	
EXPENDITURE				
9 Complete ONLY if	Candidate / O	fficeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH				
	Dayso nome			
Date 03/08/2010	Payee name Murphy Turn	ner and Associates LLC		
Amount (\$)	Payee addres			
\$10,000.00		•		
φ10,000.00	Austin, TX 7			
	Category (See	e Categories listed at the top of this schedule)		of Texas, complete Schedule T)
PURPOSE OF	Consulting E	xpense	Consultant fee	
EXPENDITURE				
Complete ONLY if	Candidate / O	fficeholder name	Office sought:	Office held:
direct expenditure	Candidate / C	miceriolder name	Office sought.	Office field.
to benefit C/OH				
Date	Payee name			
03/25/2010	' '	ner and Associates LLC		
Amount (\$)	Payee addres	•		
\$135.08	PO Box 296 Austin, TX 7			
	7.000,	0.0. 0200		
	Category (See	e Categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
PURPOSE	Printing Exp		Business cards	, , , , , ,
OF EXPENDITURE				
Complete <b>ONLY</b> if direct expenditure	Candidate / O	fficeholder name	Office sought:	Office held:
to benefit C/OH				
Date	Payee name			
05/10/2010	Murphy Turn	ner and Associates LLC		
Amount (\$)	Payee addres	•		
\$99.79	PO Box 296			
	Austin, TX 7	78767-0296		
	Catagory (Soc	e Categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
PURPOSE	, , ,	read/Rental Expense	Quarterly webhosting fee	of rexas, complete schedule 1)
OF EXPENDITURE	230 3 40111	Sad, Torridi Exportido	dualities, wobstooming for	
EXPENDITURE				
Complete ONLY if	Candidate / O	fficeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH				

#### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Texas Ethics Commission

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

**EXPENDITURE CATEGORIES** 

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

Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 2 FILER NAME 1 PAGE# 3 ACCOUNT # (TEC filers) Burkett, Cindy (Ms.) 00065930 Schedule: 4/6 Report: 20/32 5 Payee name 4 Date Murphy Turner and Associates LLC 05/25/2010 Amount (\$) Payee address City; State; Zip Code PO Box 296 \$2,507.94 Austin, TX 78767-0296 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Printing Expense Campaign literature OF **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office held: Office sought: direct expenditure to benefit C/OH Date Payee name Murphy Turner and Associates LLC 06/15/2010 Payee address City; State; Amount (\$) Zip Code PO Box 296 \$935.36 Austin, TX 78767-0296 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Printing Expense Push cards **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name **NASICA** 03/05/2010 Payee address Amount (\$) City; State; Zip Code PO Box 167621 \$2,000.00 Irving, TX 75016 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Consulting Expense Campaign manager OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Payee name Date **NASICA** 04/09/2010 Payee address Amount (\$) City: State: Zip Code PO Box 167621 \$3,000.00 Irving, TX 75016 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** Consulting Expense Campaign manager OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office held: Office sought: direct expenditure to benefit C/OH

#### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

to benefit C/OH

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

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

**EXPENDITURE CATEGORIES** 

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

Printing Expense The Instruction Guide explains how to complete this form. 1 PAGE# 3 ACCOUNT # (TEC filers) 2 FILER NAME Burkett, Cindy (Ms.) 00065930 Schedule: 5/6 Report: 21/32 4 Date 5 Payee name **NASICA** 05/14/2010 Payee address Amount (\$) City; State; Zip Code PO Box 167621 \$3,000.00 Irving, TX 75016 (b) Description 8 (a) Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) **PURPOSE** Consulting Expense Campaign manager OF **EXPENDITURE** 9 Complete ONLY if Office sought: Candidate / Officeholder name Office held: direct expenditure

to benefit C/OH			
Date	Payee name		
06/02/2010	NASICA		
Amount (\$)	Payee address City; State; Zip Code		
\$3,000.00	PO Box 167621		
	Irving, TX 75016		
		T =	
PURPOSE	Category (See Categories listed at the top of this schedule)		of Texas, complete Schedule T)
OF	Consulting Expense	Campaign manager	
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH			
Date	Payee name		
06/30/2010	PayPal		
Amount (\$)	Payee address City; State; Zip Code		
\$68.38	2211 N. First Street		
φοσ.σσ	San Jose, CA 95131		
PURPOSE	Category (See Categories listed at the top of this schedule)	• •	of Texas, complete Schedule T)
OF	Accounting/Banking	Aggregate processing fees	5
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH		-	
	Davies name		
Date 06/05/2010	Payee name Shafer, Kris (Mr.)		
Amount (\$)	Payee address City; State; Zip Code		
\$1,000.00	6132 Saratoga Circle		
\$1,000.00	Dallas, TX 75214		
BUBBOOF	Category (See Categories listed at the top of this schedule)		of Texas, complete Schedule T)
PURPOSE OF	Salaries/Wages/Contract Labor	Field Coordinator	
EXPENDITURE			
Complete <b>ONLY</b> if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure	Candidate / Officeriolder flame	Office Sought.	Office field.

#### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense

**EXPENDITURE CATEGORIES** 

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

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

#### SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense

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

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District
Office Overhead/Rental Expense Polling Expense Printing Expense The Instruction Guide explains how to complete this form.

**EXPENDITURE CATEGORIES** 

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

1 PAGE #	) o m o mt . 00/00	2 FILER NAME Burkett, Cindy (Ms.)	3 ACCOUNT # (TEC filers) 00065930
Schedule: 1/10 F	5 Payee name		00003930
03/20/2010	Albertson's		
6 Amount (\$)	7 Payee addres	s City; State; Zip Code	
\$57.99	1500 S. Belt		
	NA T		
Reimbursement from political contributions intended			
8 PURPOSE	1	e Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF	Solicitation/F	Fundraising Expense	food for event
EXPENDITURE			
Data	Payee name		
Date 04/22/2010	Austin Centr	re	
Amount (\$)	Payee addres		
\$8.00	701 Brazos		
	A		
Reimbursement from political contributions intended			
		e Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Travel Out o	f District	Parking fee
EXPENDITURE			
Date	Payee name		
03/23/2010		gs Chamber of Commerce	
Amount (\$)	Payee addres		
\$80.00	PO Box 800 Balch Spring	095 gs, TX 78180	
Reimbursement from political	Daion Opinis	96, 176, 196	
contributions intended	Category (Se	e Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Fees	,	Membership fee
OF EXPENDITURE			
Date	Payee name		
04/01/2010		gs Chamber of Commerce	
Amount (\$)	Payee addres		
\$8.00	PO Box 800	095	
Reimbursement from political	Baich Spring	gs, TX 78180	
contributions intended	Cote ==== (2		Department (Manual estable CT
PURPOSE	Fees	e Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Think Tank meeting
OF	1 663		THINK TAIK HIGGING
EXPENDITURE			

#### SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense

**EXPENDITURE CATEGORIES** 

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

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

#### SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense

**EXPENDITURE CATEGORIES** Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense 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.

1 PAGE#		2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 3/10 F	Report: 25/32	Burkett, Cindy (Ms.)		00065930
4 Date	5 Payee name			
03/02/2010	Exxon-Mobil			
6 Amount (\$)	7 Payee address	city; State; Zip Code		
\$15.16	105 E. Highy			
Reimbursement from political	Mesquite, T	X 75149		
contributions intended				
8 PURPOSE		Categories listed at the top of this schedule)	1	of Texas, complete Schedule T)
OF	Food/Bevera	ge Expense	Soft drinks for meeting	
EXPENDITURE				
Date	Payee name			
05/05/2010	Inovar Packa			
Amount (\$)	Payee address	S City; State; Zip Code		
\$200.00	602 Magic M	ile 4 70011		
Reimbursement from political	Arlington, T	X 76011		
contributions intended	0 1 10			
PURPOSE	Advertising E	Categories listed at the top of this schedule)	Description (If travel outside of Bumper stickers	of Texas, complete Schedule T)
OF	Advertising L	zpense	Bumper stickers	
EXPENDITURE				
5 .	-			
Date	Payee name Inovar Packa	nging		
06/16/2010 Amount (\$)	Payee address			
( - /	602 Magic M	•		
\$108.00	A 1' ' T\	K 76011		
Reimbursement from political contributions intended				
		Categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
PURPOSE	Advertising E	xpense	Bumper stickers	,
OF EXPENDITURE				
Date	Payee name		•	
04/16/2010	LaQuinta Inn	and Suites		
Amount (\$)	Payee address	S City; State; Zip Code		
\$149.84	300 E. 11th 9			
Reimbursement from political contributions intended	Austin, TX 7	8701		
contributions intended				
PURPOSE	• • •	Categories listed at the top of this schedule)	· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)
OF	Travel Out of	District	Hotel	
EXPENDITURE				

#### SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial Expense Legal Services ood/Beverage Expense

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

**EXPENDITURE CATEGORIES** 

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

Payee address

#### SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Amount (\$)

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. | 1 PAGE # Schedule: 5/10 Report: 27/32 | FILER NAME Burkett, Cindy (Ms.) | 3 ACCOUNT # (TEC filers) | 00065930 | | 1 Page | 1 Page | 1 Page | 2 Page | 1 Page | 2 Page

Zip Code

**EXPENDITURE CATEGORIES** 

\$15.84

Reimbursement from political contributions intended

8

(a) Category (See Categories listed at the top of this schedule)

PURPOSE

Office Overboad (Pantal Expanse)

Postage

Postage

Postage

City; State;

OF EXPENDITURE Office Overhead/Rental Expense Postage

Date 05/19/2010 Payee name Mesquite Skeeters Booster Club

Amount (\$) Payee address City; State; Zip Code

\$300.00 Reimbursement from political contributions intended

Category (See Categories listed at the top of this schedule)

Category (See Categories listed at the top of this schedule)

Description (If travel outside of Texas, complete Schedule T)

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)
Advertising Expense

Category (See Categories listed at the top of this schedule)
Advertising Expense

Sports program ad

Date Payee name
04/15/2010 Mesquite Social Services

Amount (\$) Payee address City; State; Zip Code

\$75.00 TX Beimbursement

Payee name

Mesquite Social Services

City; State; Zip Code

1035 Military Parkway
Mesquite, TX 75149

Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE

Mesquite, TX 75149

Category (See Categories listed at the top of this schedule)
Advertising Expense

Mesquite, TX 75149

Category (See Categories listed at the top of this schedule)
Advertising Expense

W.I.S.E. program ad

Date Payee name
05/14/2010 Metzger Awards

Amount (\$) Payee address City; State; Zip Code
\$182.94 105 W. Main

Reimbursement from political contributions intended

Mesquite, TX 75149

Category (See Categories listed at the top of this schedule)

Description (If travel outside of Texas of the second se

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

Advertising Expense

Category (See Categories listed at the top of this schedule)

Advertising Expense

Campaign T-Shirts

Campaign T-Shirts

#### SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense

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

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense 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)

**EXPENDITURE CATEGORIES** 

1 PAGE#		2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 6/10 R	<u> </u>	Burkett, Cindy (Ms.)		00065930
	5 Payee name			
05/28/2010	Office Depot			
6 Amount (\$)	7 Payee address			
\$25.48		porium Circle		
Reimbursement from political contributions intended	Mesquite, T	X 75150		
	(a) Cotogony (Soc	Cotogorica listed at the tax of this cohodule)	(h) Description (If trough outside	of Toyon complete Cohodula T
8 PURPOSE		e Categories listed at the top of this schedule) nead/Rental Expense	(b) Description (If travel outside office supplies	of Texas, complete Schedule T)
OF EXPENDITURE	011100 010111	ioda/Horital Expolico	cines supplies	
EXPENDITURE				
Data	Davis a name			
Date 04/02/2010	Payee name Office Max			
	Payee address	s City; State; Zip Code		
Amount (\$)	1515 Town E			
\$145.52	#112	Last bivu		
Reimbursement from political contributions intended	Mesquite, T	X 75150		
	Category (See	e Categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
PURPOSE OF	Office Overh	nead/Rental Expense	paper and ink	_
EXPENDITURE				
Date	Payee name			
04/07/2010	Old Town Me	esquite		
Amount (\$)	Payee address	s City; State; Zip Code		
\$150.00	109 W. Main	1		
Reimbursement from political				
	Mesquite, T			
contributions intended	·	'X 75149		
contributions intended	Category (See	X 75149  e Categories listed at the top of this schedule)		of Texas, complete Schedule T)
PURPOSE OF	·	X 75149  e Categories listed at the top of this schedule)	Description (If travel outside Sponsorship fee	of Texas, complete Schedule T)
PURPOSE	Category (See	X 75149  e Categories listed at the top of this schedule)	• • • • • • • • • • • • • • • • • • •	of Texas, complete Schedule T)
PURPOSE OF	Category (See	X 75149  e Categories listed at the top of this schedule)	• • • • • • • • • • • • • • • • • • •	of Texas, complete Schedule T)
PURPOSE OF	Category (See	X 75149  e Categories listed at the top of this schedule)	• • • • • • • • • • • • • • • • • • •	of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE	Category (See Event Expen	X 75149  e Categories listed at the top of this schedule)	• • • • • • • • • • • • • • • • • • •	of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE  Date	Category (See Event Expen	X 75149  e Categories listed at the top of this schedule)	• • • • • • • • • • • • • • • • • • •	of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE  Date 03/26/2010	Category (See Event Expen	e Categories listed at the top of this schedule)	• • • • • • • • • • • • • • • • • • •	of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE  Date 03/26/2010 Amount (\$)	Category (See Event Expension Event Expension Expension Event Event Expension Event Even	e Categories listed at the top of this schedule) nse  Signature: S	• • • • • • • • • • • • • • • • • • •	of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE  Date 03/26/2010 Amount (\$) \$64.05	Payee name Sam's Club Payee address 7401 Samue	e Categories listed at the top of this schedule) ase  City; State; Zip Code	• • • • • • • • • • • • • • • • • • •	of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE  Date 03/26/2010 Amount (\$) \$64.05	Category (See Event Expension Event Expension Expension Event Event Expension Event Even	e Categories listed at the top of this schedule) ase  City; State; Zip Code	• • • • • • • • • • • • • • • • • • •	of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE  Date 03/26/2010 Amount (\$)	Payee name Sam's Club Payee address 7401 Samue Dallas, TX 7	e Categories listed at the top of this schedule) use  Signature (State)  Signature (State	Sponsorship fee	
Date 03/26/2010 Amount (\$) \$64.05  Reimbursement from political contributions intended	Payee name Sam's Club Payee address 7401 Samue Dallas, TX 7	e Categories listed at the top of this schedule) ase  Sign City; State; Zip Code all Blvd 75228  e Categories listed at the top of this schedule)	Sponsorship fee  Description (If travel outside	of Texas, complete Schedule T)
Date 03/26/2010 Amount (\$)  Reimbursement from political contributions intended  PURPOSE 0F  PURPOSE 0F	Payee name Sam's Club Payee address 7401 Samue Dallas, TX 7	e Categories listed at the top of this schedule) use  Signature (State)  Signature (State	Sponsorship fee	
Date 03/26/2010 Amount (\$) \$64.05  Reimbursement from political contributions intended	Payee name Sam's Club Payee address 7401 Samue Dallas, TX 7	e Categories listed at the top of this schedule) ase  Sign City; State; Zip Code all Blvd 75228  e Categories listed at the top of this schedule)	Sponsorship fee  Description (If travel outside	
Date 03/26/2010 Amount (\$)  Reimbursement from political contributions intended  PURPOSE 0F  PURPOSE 0F	Payee name Sam's Club Payee address 7401 Samue Dallas, TX 7	e Categories listed at the top of this schedule) ase  Sign City; State; Zip Code all Blvd 75228  e Categories listed at the top of this schedule)	Sponsorship fee  Description (If travel outside	
Date 03/26/2010 Amount (\$)  Reimbursement from political contributions intended  PURPOSE OF  PURPOSE OF	Payee name Sam's Club Payee address 7401 Samue Dallas, TX 7	e Categories listed at the top of this schedule) ase  Sign City; State; Zip Code all Blvd 75228  e Categories listed at the top of this schedule)	Sponsorship fee  Description (If travel outside	

#### SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial Expense Legal Services ood/Beverage Expense

Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

**EXPENDITURE CATEGORIES** 

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

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

#### SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense

**EXPENDITURE CATEGORIES** Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense 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 no	w to complete this form.	
1 PAGE#		2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 8/10 F		Burkett, Cindy (Ms.)		00065930
4 Date	5 Payee name			
03/27/2010	Southern Ma	* * * * * * * * * * * * * * * * * * * *		
6 Amount (\$)	7 Payee addres			
\$14.38	500 N. Gallo #6	way		
Reimbursement from political contributions intended	Mesquite, T		<del>_</del>	
8 PURPOSE	(a) Category (See Food/Bevera	e Categories listed at the top of this schedule) age Expense	<b>(b)</b> Description (If travel outside of Donuts for volunteers	f Texas, complete Schedule T)
OF EXPENDITURE				
Date	Payee name			
05/22/2010	Southern Ma	aid Donuts		
Amount (\$)	Payee addres	s City; State; Zip Code		
\$13.75	500 N. Gallo	way		
Reimbursement from political contributions intended	#6      Mesquite,  T	X 75149		
contributions intended	•		Description (If the color of th	4 Tarres - a secondada Cabadada T
PURPOSE		e Categories listed at the top of this schedule) age Expense	Description (If travel outside of Donuts for volunteers	f Texas, complete Schedule T)
OF EXPENDITURE	1 000/2010	ago Expondo	Bondto for Volunteors	
EXPENDITURE				
Date	Payee name			
06/05/2010	Southern Ma	aid Donuts		
Amount (\$)	Payee addres	s City; State; Zip Code		
\$18.85	500 N. Gallo	way		
Reimbursement from political	#6 Mesquite, T	Y 75140		
contributions intended	·			
PURPOSE		e Categories listed at the top of this schedule)	•	f Texas, complete Schedule T)
OF	F000/Bevera	age Expense	Donuts for volunteers	
EXPENDITURE				
Deta	Do			
Date 06/26/2010	Payee name Southern Ma	aid Donuts		
Amount (\$)	Payee addres			
	500 N. Gallo	•		
\$29.04	#6	•		
Reimbursement from political contributions intended	Mesquite, T	X 75149		
	Category (See	e Categories listed at the top of this schedule)	Description (If travel outside of	f Texas, complete Schedule T)
PURPOSE OF	Food/Bevera	age Expense	Donuts for volunteers	
EXPENDITURE				

#### SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense

**EXPENDITURE CATEGORIES** Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense 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)

		· ·	low to complete this form.	
1 PAGE#		2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 9/10 F	Report: 31/32	Burkett, Cindy (Ms.)		00065930
4 Date	5 Payee name			
04/20/2010	Subway			
6 Amount (\$)	7 Payee address	s City; State; Zip Code		
\$54.13	184 S. Collin			
	Sunnyvale,	TX 75182		
Reimbursement from political contributions intended				
8		e Categories listed at the top of this schedule)		of Texas, complete Schedule T)
PURPOSE OF	Contributions	s/Donations Made By	Sandwiches for Walk for L	ife
EXPENDITURE	Candidate/O	fficeholder/Political Ćommittee		
Date	Payee name			
05/05/2010	Subway			
Amount (\$)	Payee address	s City; State; Zip Code		
\$7.96	184 S. Collin			
	Sunnyvale,			
Reimbursement from political contributions intended				
	Category (See	e Categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
PURPOSE	Food/Bevera	ge Expense	snacks for meeting	_
OF EXPENDITURE				
_				
Date	Pavee name			
Date 04/17/2010	Payee name Sunnvvale E	ducation Foundation		
04/17/2010	Sunnyvale E	ducation Foundation		
04/17/2010 Amount (\$)	Sunnyvale E Payee address	s City; State; Zip Code		
04/17/2010 Amount (\$) \$50.00	Sunnyvale E	s City; State; Zip Code Road		
04/17/2010 Amount (\$) \$50.00  Reimbursement from political	Sunnyvale E Payee address 417 E. Tripp	s City; State; Zip Code Road		
04/17/2010 Amount (\$) \$50.00	Sunnyvale E Payee address 417 E. Tripp Sunnyvale,	s City; State; Zip Code Road	Description (If travel outside	of Texas, complete Schedule T)
04/17/2010 Amount (\$) \$50.00  Reimbursement from political contributions intended	Sunnyvale E Payee address 417 E. Tripp Sunnyvale,	Road TX 75182  Categories listed at the top of this schedule)	Description (If travel outside Event fee	of Texas, complete Schedule T)
04/17/2010  Amount (\$)  \$50.00  Reimbursement from political contributions intended  PURPOSE OF	Sunnyvale E Payee address 417 E. Tripp Sunnyvale,  Category (See	Road TX 75182  Categories listed at the top of this schedule)		of Texas, complete Schedule T)
04/17/2010 Amount (\$) \$50.00  Reimbursement from political contributions intended	Sunnyvale E Payee address 417 E. Tripp Sunnyvale,  Category (See	Road TX 75182  Categories listed at the top of this schedule)		of Texas, complete Schedule T)
04/17/2010  Amount (\$)  \$50.00  Reimbursement from political contributions intended  PURPOSE OF	Sunnyvale E Payee address 417 E. Tripp Sunnyvale,  Category (See	Road TX 75182  Categories listed at the top of this schedule)		of Texas, complete Schedule T)
04/17/2010  Amount (\$)  \$50.00  Reimbursement from political contributions intended  PURPOSE OF	Sunnyvale E Payee address 417 E. Tripp Sunnyvale,  Category (See	Road TX 75182  Categories listed at the top of this schedule)		of Texas, complete Schedule T)
04/17/2010 Amount (\$) \$50.00  Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE	Sunnyvale E Payee address 417 E. Tripp Sunnyvale,  Category (See Event Expen	Road TX 75182  Categories listed at the top of this schedule)		of Texas, complete Schedule T)
04/17/2010 Amount (\$) \$50.00  Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE	Sunnyvale E Payee address 417 E. Tripp Sunnyvale,  Category (See Event Expen	Road TX 75182  Categories listed at the top of this schedule)		of Texas, complete Schedule T)
04/17/2010 Amount (\$) \$50.00  Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE  Date 03/27/2010	Sunnyvale E Payee address 417 E. Tripp Sunnyvale,  Category (See Event Expen  Payee name Walgreen's	Road TX 75182  Categories listed at the top of this schedule) se		of Texas, complete Schedule T)
04/17/2010 Amount (\$) \$50.00  Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE  Date 03/27/2010  Amount (\$)	Sunnyvale E Payee address 417 E. Tripp Sunnyvale,  Category (See Event Expen  Payee name Walgreen's Payee address	Road TX 75182  Categories listed at the top of this schedule) Se  City; State; Zip Code		of Texas, complete Schedule T)
04/17/2010 Amount (\$) \$50.00  Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE  Date 03/27/2010  Amount (\$) \$30.67	Payee name Walgreen's Payee address Walgreen's Payee address A01 N. Gallo	Road TX 75182  Categories listed at the top of this schedule) Se  City; State; Zip Code		of Texas, complete Schedule T)
04/17/2010 Amount (\$) \$50.00  Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE  Date 03/27/2010  Amount (\$) \$30.67	Sunnyvale E Payee address 417 E. Tripp Sunnyvale,  Category (See Event Expen  Payee name Walgreen's Payee address	Road TX 75182  Categories listed at the top of this schedule) Se  City; State; Zip Code		of Texas, complete Schedule T)
04/17/2010 Amount (\$) \$50.00  Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE  Date 03/27/2010  Amount (\$)	Sunnyvale E Payee address 417 E. Tripp Sunnyvale,  Category (See Event Expen  Payee name Walgreen's Payee address 401 N. Gallot Mesquite, Ti	Road TX 75182  Categories listed at the top of this schedule) se  City; State; Zip Code way Ave X 75149	Event fee	
04/17/2010 Amount (\$) \$50.00  Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE  Date 03/27/2010 Amount (\$) \$30.67  Reimbursement from political contributions intended	Sunnyvale E Payee address 417 E. Tripp Sunnyvale,  Category (See Event Expen  Payee name Walgreen's Payee address 401 N. Gallo Mesquite, Ti	Road TX 75182  Categories listed at the top of this schedule) Se  City; State; Zip Code way Ave X 75149  Categories listed at the top of this schedule)	Event fee  Description (If travel outside	of Texas, complete Schedule T)
04/17/2010 Amount (\$) \$50.00  Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE  Date 03/27/2010  Amount (\$) \$30.67  Reimbursement from political contributions intended	Sunnyvale E Payee address 417 E. Tripp Sunnyvale,  Category (See Event Expen  Payee name Walgreen's Payee address 401 N. Gallot Mesquite, Ti	Road TX 75182  Categories listed at the top of this schedule) Se  City; State; Zip Code way Ave X 75149  Categories listed at the top of this schedule)	Event fee	
04/17/2010 Amount (\$) \$50.00  Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE  Date 03/27/2010 Amount (\$) \$30.67  Reimbursement from political contributions intended	Sunnyvale E Payee address 417 E. Tripp Sunnyvale,  Category (See Event Expen  Payee name Walgreen's Payee address 401 N. Gallo Mesquite, Ti	Road TX 75182  Categories listed at the top of this schedule) Se  City; State; Zip Code way Ave X 75149  Categories listed at the top of this schedule)	Event fee  Description (If travel outside	
04/17/2010 Amount (\$) \$50.00  Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE  Date 03/27/2010  Amount (\$) \$30.67  Reimbursement from political contributions intended	Sunnyvale E Payee address 417 E. Tripp Sunnyvale,  Category (See Event Expen  Payee name Walgreen's Payee address 401 N. Gallo Mesquite, Ti	Road TX 75182  Categories listed at the top of this schedule) Se  City; State; Zip Code way Ave X 75149  Categories listed at the top of this schedule)	Event fee  Description (If travel outside	
04/17/2010 Amount (\$) \$50.00  Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE  Date 03/27/2010  Amount (\$) \$30.67  Reimbursement from political contributions intended	Sunnyvale E Payee address 417 E. Tripp Sunnyvale,  Category (See Event Expen  Payee name Walgreen's Payee address 401 N. Gallo Mesquite, Ti	Road TX 75182  Categories listed at the top of this schedule) Se  City; State; Zip Code way Ave X 75149  Categories listed at the top of this schedule)	Event fee  Description (If travel outside	

#### SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense

**EXPENDITURE CATEGORIES** Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel Out Of District

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Fees	Printing E	Expense Office Overhead  The Instruction Guide explains ho		a category not listed above)
1 PAGE#	T.	2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 10/10		Burkett, Cindy (Ms.)		00065930
4 Date	5 Payee name			•
05/22/2010	Walgreen's			
6 Amount (\$)	7 Payee address City; State; Zip Code			
\$41.69				
Reimbursement from political contributions intended	Mosquite, 17770110			
8		Categories listed at the top of this schedule)	(b) Description (If travel outside	of Texas, complete Schedule T)
PURPOSE OF	Food/Beverage Expense Coffee water snacks for volunteers			
EXPENDITURE				
Date	Payee name			
06/17/2010	Walmart			
Amount (\$)	Payee address City; State; Zip Code			
\$26.17	802 E. Highway 80 Forney, TX 75126			
Reimbursement from political contributions intended	, , , , , , , , , , , , , , , , , , , ,			
		Categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
PURPOSE OF	Office Overhead/Rental Expense Office supplies			_
EXPENDITURE				