

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM **JC/OH**
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00057983	2 Total pages filed: 9	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Robert D.	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/01/2023
	NICKNAME	LAST Burns	SUFFIX III	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 600 Commerce Second floor Dallas, TX 75202		ZIP CODE	Date Hand-delivered or Date Postmarked
				Receipt # Amount
				Date Processed
				Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Hugo	MI	
	NICKNAME	LAST Aguilar	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1111 W. Mockingbird Ln. Suite 600 Dallas, TX 75247			
7 CAMPAIGN TREASURER PHONE	AREA CODE (214)	PHONE NUMBER 920-3600	EXTENSION	
8 REPORT TYPE	<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 modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED	Month Day Year 01/01/2023	THROUGH	Month Day Year 06/30/2023	
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) Court of Appeals, Chief Justice District 5		12 OFFICE SOUGHT (if known) None	

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

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13 C / OH NAME Burns III, Robert D. (The Honorable)	14 Filer ID (Ethics Commission Filers) 00057983
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	13,964.44
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 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.

 The Honorable Robert D. Burns III
 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 Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - JC/OH

18 FILER NAME Burns III, Robert D. (The Honorable)	19 Filer ID (Ethics Commission Filers) 00057983
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20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 0.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input checked="" type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$ 0.00
4.	<input checked="" type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$ 0.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 0.00
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 0.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 2,867.00
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

PLEGGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B(J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B(J): Sch: 1/1 Rpt: 4/9	
2 FILER NAME Burns III, Robert D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00057983	
4 TOTAL OF UNITEMIZED PLEDGES		\$ 0.00	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of pledge (\$)	9 In-kind description (If applicable)
	7 Pledgor Address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Pledgor's principal occupation		11 Pledgor's job title	
12 Pledgor's employer/law firm		13 Law firm of pledgor's spouse (if any)	
14 If pledgor is a child, law firm of parent(s) (if any)			

LOANS (JUDICIAL)

SCHEDULE E(J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J): Sch: 1/1 Rpt: 5/9
2 FILER NAME Burns III, Robert D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00057983
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code	10 Interest Rate
		11 Maturity Date
12 Lender's Principal Occupation		13 Lender's Job Title
14 Lender's Employer/Law Firm		15 Law Firm of lender's spouse (if any)
16 If lender is child, law firm of parent(s) (if any)		
17 Description of Collateral <input type="checkbox"/> None		18 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
19 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	20 Name of guarantor	22 Amount Guaranteed (\$)
	21 Guarantor address; City; State; Zip Code	
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is child, law firm of parent(s) (if any)		

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/4 Rpt: 6/9	2 FILER NAME Burns III, Robert D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00057983
4 Date 06/08/2023	5 Payee name American Bar Association	
6 Amount (\$) 450.00	7 Payee Address; City; State; Zip 321 north clark chicago, IL 60654	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) fee	(b) Description (See instructions regarding type of information required.) bar admission
Date 01/14/2023	Payee name American Inns of Court	
Amount (\$) 90.00	Payee Address; City; State; Zip 225 Reinekers Ln 770 Alexandria, VA 22314	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Dues	(b) Description (See instructions regarding type of information required.) Dues
Date 01/27/2023	Payee name Austin College	
Amount (\$) 250.00	Payee Address; City; State; Zip 900 Grand Ave Sherman , TX 75090	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description (See instructions regarding type of information required.) Law Symposium donation
Date 04/26/2023	Payee name Dallas Bar Association	
Amount (\$) 4.00	Payee Address; City; State; Zip 2101 Ross Ave Dallas, TX 75201	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) parking fee

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/4 Rpt: 7/9	2 FILER NAME Burns III, Robert D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00057983
4 Date 01/13/2023	5 Payee name Dallas Bar Association	
6 Amount (\$) 200.00	7 Payee Address; City; State; Zip 2101 Ross Ave Dallas, TX 75201	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) bar dues	(b) Description (See instructions regarding type of information required.) bar dues
Date 01/20/2023	Payee name Dallas Bar Association	
Amount (\$) 4.00	Payee Address; City; State; Zip 2101 Ross Ave Dallas, TX 75201	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) parking
Date 01/01/2023	Payee name Gasc, myrna	
Amount (\$) 250.00	Payee Address; City; State; Zip 600 Commerce Street, Suite 200 Dallas, TX 75202	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) holiday bonus	(b) Description (See instructions regarding type of information required.) holiday bonus
Date 05/01/2023	Payee name Morin, Ruben	
Amount (\$) 244.00	Payee Address; City; State; Zip 600 Commerce Street, Suite 200 Dallas, TX 75202	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Reimbursement for buying employees lunch

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 3/4 Rpt: 8/9	2 FILER NAME Burns III, Robert D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00057983
4 Date 01/01/2023	5 Payee name Morin, Ruben	
6 Amount (\$) 250.00	7 Payee Address; City; State; Zip 600 Commerce Street, Suite 200 Dallas, TX 75202	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Holiday bonus	(b) Description (See instructions regarding type of information required.) holiday bonus
Date 02/07/2023	Payee name Texas Bar Foundation	
Amount (\$) 625.00	Payee Address; City; State; Zip 515 Congress Ave ste 1755 Austin , TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	(b) Description (See instructions regarding type of information required.) Charity donation
Date 02/07/2023	Payee name Texas Center for the Judiciary	
Amount (\$) 225.00	Payee Address; City; State; Zip 1210 San Antonio Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Tuition	(b) Description (See instructions regarding type of information required.) for training
Date 02/07/2023	Payee name Texas Department of Public Safety	
Amount (\$) 25.00	Payee Address; City; State; Zip 5805 n lamar Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) LTC	(b) Description (See instructions regarding type of information required.) LTC renewal

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 4/4 Rpt: 9/9	2 FILER NAME Burns III, Robert D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00057983
4 Date 01/01/2023	5 Payee name Wesson, Cliffie	
6 Amount (\$) 250.00	7 Payee Address; City; State; Zip 600 Commerce Street, Suite 200 Dallas, TX 75202	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	(b) Description (See instructions regarding type of information required.) Holiday bonus