CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commiss 00088123	sion Filers)	Total pages filed: 23
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE USE ONLY
NAME	Mr.	William W.			Date Received
					ELECTRONICALLY FILED
	NICKNAME	LAST		SUFFIX	02/05/2024
		Burch		33	
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ CLUTE #: CIT	V·	ZIP CODE	Date Hand-delivered or Date Postmarked
OFFICEHOLDER	216 Apple Tree	/ 3011E #, CIT	1,	ZIF CODE	Date Trails contend of Date Toolinanes
MAILING ADDRESS	ZIO Apple Tree				Receipt # Amount
Change of Address	Livingston, TX 77351				Date Processed
					Date Processed
					Date Imaged
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	
TREASURER NAME	Mr.	Jason A.			
I W WILL					
	NICKNAME	LAST		SUFFIX	
		Kroger			
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	APT	/ SUITE #; CITY;	STATE; ZIP CODE
TREASURER ADDRESS	10 Wildever Place				
(Residence or Business)					
	The Woodlands, TX 77382	2			
7 CAMPAIGN	AREA CODE PHON	E NUMBER E	EXTENSION		
TREASURER	(832) 833-6361				
PHONE					
8 REPORT		_		_	_
TYPE	January 15 X	30th day before	election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15	8th day before		Exceeded modified	Final Report (Attach C/OH-FR)
		_		reporting limit	-
9 PERIOD	Month Day Year			Month Day	Year
COVERED	01/01/2024	T⊦	IROUGH	01/25/202	4
10 ELECTION	ELECTION DATE Month Day Year		rimary	ELECTION TYPE Runoff	Other
	03/05/2024	X X	iiiiaiy	Runon	Other
	00/00/2021	G	eneral	Special	
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	
				Railroad Commis	sioner
		GO T	O PAGE 2		
L					

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 23

13 C / OH NAME	Burch, William W. (M	r.)	14 Filer ID 00088123	(Ethics Commission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without d officeholders are required to report this information	the candidate's or offic	eholder's knowledge or			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL						
		COMMITTEE ADDRESS					
	SPECIFIC						
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS				
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)						
EXPENDITURE TOTALS	3. TOTAL UNITEM	\$ 0.00					
	4. TOTAL POLITIC	TOTAL POLITICAL EXPENDITURES					
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 2,960.22			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 25,580.00			
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.					
			William W. Burch f Candidate or Officeho	lider			
		Signature of	Candidate of Officefio	iuci			
AFFIX NO	TARY STAMP / SEAL AB	OVE					
Sworn to and subso	cribed before me, by the s	aid	, this the	day			
of	, 20, to c	ertify which, witness my hand and seal of office.					
Signature of office	cer administering	Printed name of officer administering	Title of office	er administering oath			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				3 of 23				
18 FILER NAME		19 Filer ID	(Ethics	s Commission Filers)				
Burch, William	ո W. (Mr.)	00088123						
20 SCHEDULE SU NAME OF SCH			SUBTOTAL AMOUNT					
NAME OF SCH	LEGGLE		-					
1. X SC	CHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	2,365.00				
2. SC	CHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$					
3. SC	3. SCHEDULE B: PLEDGED CONTRIBUTIONS							
4. SC	\$							
5. X SC	3	\$	15,000.00					
6. SC	CHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$					
7. SC	CHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION		\$					
8. X SC	CHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	31,253.87				
9. SC	CHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$					
10. SC	CHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$					
11. SC	CHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	DNS	\$					
	CHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F O FILER	RETURNED	\$	0.11				

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 1/6 Rpt: 4/23	
2	FILER NAME Burch, Willia				3	Filer ID (Ethics Commission 00088123	n Filers)
4	Date 01/05/2024	5 Full name of contributor Anderson, Neil6 Contributor address; City; S	out-of-state PAC (ID#:	_	7	Amount of Contribution (\$)	\$50.00
8	Principal occu unemployed	Humble, TX 77346 pation / Job title (See Instructions	s) !	9 Employer (See Instructions Unemployed	s)		
	Date 01/04/2024	Full name of contributor Burgess, Aaron Contributor address; City; S Houston, TX 77007	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occupation / Job title (See Instructions) District Director Employer (See Instructions) House District		s)				
	Date 01/22/2024				Amount of Contribution (\$)	\$750.00	
		Dallas, TX 75208			Ĺ		
	Attorney	pation / Job title (See Instructions	;) 	Employer (See Instructions The Castaneda Firm	s)		
	Date 01/04/2024	Full name of contributor Caughman, Mathew Contributor address; City; S Houston, TX 77074	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions	5)	Employer (See Instructions HackerOne	<u>I</u> s)		
	Date 01/04/2024	Date Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)	\$50.00	
	Principal occu Retired	pation / Job title (See Instructions	5)	Employer (See Instructions None	s)		

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instruc	ction Guide explains how to comple	ete this for	n.	1	Total pages Schedule A1: Sch: 2/6 Rpt: 5/23	
2	FILER NAME Burch, Willia	m W. (Mr.)			3	Filer ID (Ethics Commission 00088123	n Filers)
4	Date 01/03/2024	Dayton, Chase	PAC (ID#:)	7	Amount of Contribution (\$)	\$500.00
_		Katy, TX 77449	1-		_		
8		pation / Job title (See Instructions) Fuel Trader, Energy Midstream	9	Employer (See Instructions Gulf Coast Fuel Resour	er (See Instructions) past Fuel Resources LLC		
	Date 01/02/2024	Ellis, Donna	PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu	Sugar Land, TX 77498 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Consultant	,		Self-Employed	,		
	Date 01/06/2024	e Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)	\$50.00	
		Austin, TX 78739					
	Principal occu Unemployed	pation / Job title (See Instructions)		Employer (See Instructions Unemployed	5)		
	Date 01/24/2024	Jetty, Charles	PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions) ormation Associate Director		Employer (See Instructions S&P Global	5)		
	Date 01/03/2024	Full name of contributor out-of-state Kolenc, Michael Contributor address; City; State; Zip Code Houston, TX 77007				Amount of Contribution (\$)	\$50.00
	Principal occu Vice Preside	pation / Job title (See Instructions)		Employer (See Instructions CN4 Partners	5)		
			1				

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDUL	E A1
	The Instru	ction Guide explains hov	v to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 3/6 Rpt: 6/23	
2	FILER NAME Burch, Willia	m W. (Mr.)				3	Filer ID (Ethics Commission 00088123	n Filers)
4	Date 01/15/2024	5 Full name of contributor Luebbehusen, William6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$25.00
		Joshua, TX 76058						
8	Principal occu Not Employe	pation / Job title (See Instructions ed	5)	9	Employer (See Instructions Not Employed	s)		
	Date 01/04/2024	Full name of contributor Mathews, Travis Contributor address; City; S	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$50.00
	Dringing aggr	Houston, TX 77003 Principal occupation / Job title (See Instructions) Employer (See Instructions)		Employer (See Instructions	<u>,,</u>			
	Unemployed		5)		Unemployed	o)		
	Date 01/01/2024				Amount of Contribution (\$)	\$50.00		
		Houston, TX 77006						
	Principal occu Director of O	pation / Job title (See Instructions perations	5)		Employer (See Instructions Setpoint Integrated Solu		ns	
	Date 01/23/2024	Full name of contributor Myers, William Contributor address; City; S Tomball, TX 77377	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Sales	pation / Job title (See Instructions	s)		Employer (See Instructions Achieve 3000	5)		
	Date Full name of contributor out-of-state PAC (ID#:) Oregon, Ivan Contributor address; City; State; Zip Code Houston, TX 77016)		Amount of Contribution (\$)	\$5.00		
	Principal occu Retired	pation / Job title (See Instructions	5)		Employer (See Instructions Retired	5)		
			1					

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to com	plete this forr	m.	1	Total pages Schedule A1: Sch: 4/6 Rpt: 7/23	
2	FILER NAME Burch, Willia	m W. (Mr.)			3	Filer ID (Ethics Commission 00088123	n Filers)
4	Date 01/18/2024	 Full name of contributor out-of- Perez, Linda Contributor address; City; State; Zip C 			7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Floresville, TX 78114 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> 5)		
	Date 01/12/2024	Full name of contributor out-of- Roy, Abhishek Contributor address; City; State; Zip C Houston, TX 77035		Self employed		Amount of Contribution (\$)	\$100.00
	Principal occupation / Job title (See Instructions) Drilling Engineer Employer (See Instruction Repsol		<u> </u> 5)				
	Date 01/04/2024	Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)	\$100.00	
	Principal occu	Missouri City, TX 77459 pation / Job title (See Instructions)		Employer (See Instructions) 5)		
	Partner Date 01/23/2024	Sexton, Janette	-state PAC (ID#:	Hoover Slovacek LLP		Amount of Contribution (\$)	\$35.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 01/23/2024	Sims, Delaina	-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu unemployed	pation / Job title (See Instructions)		Employer (See Instructions Unemployed	5)		

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how t	to complete this for	n.	1	Total pages Schedule A1: Sch: 5/6 Rpt: 8/23	
2	FILER NAME Burch, Willia	m W. (Mr.)			3	Filer ID (Ethics Commission 00088123	n Filers)
4	Date 01/12/2024	5 Full name of contributor	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$10.00
_	District	Frisco, TX 75035	- In	Frankrik (Ozakaski sa			
8	Unemployed	pation / Job title (See Instructions)	9	Employer (See Instructions Unemployed	5)		
	Date 01/03/2024	Full name of contributor Tom, Barbato Contributor address; City; Stat)		Amount of Contribution (\$)	\$100.00
				Employer (See Instructions	<u> </u>		
			SafeKick	,			
	Date 01/16/2024				Amount of Contribution (\$)	\$5.00	
		Friendswood, TX 77546					
	Principal occu Unemployed	pation / Job title (See Instructions)		Employer (See Instructions Unemployed	5)		
	Date 01/25/2024	Full name of contributor Tressel, Patricia Contributor address; City; Stat Seattle, WA 98125	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu Unemployed	pation / Job title (See Instructions)		Employer (See Instructions Unemployed)		
	Date 01/05/2024	Unemployed Unemployed Date Full name of contributor out-of-state PAC (ID#:)				Amount of Contribution (\$)	\$10.00
	Principal occu unemployed	pation / Job title (See Instructions)		Employer (See Instructions unemployed	i)		
			•				

	MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 6/6 Rpt: 9/23
2	FILER NAME Burch, William W. (Mr.)	3 Filer ID (Ethics Commission Filers) 00088123
4	Date 01/04/2024 5 Full name of contributor out-of-state PAC (ID#:) Willis, Bonnie 6 Contributor address; City; State; Zip Code	7 Amount of Contribution (\$) \$50.00
8	Bellaire , TX 77401 Principal occupation / Job title (See Instructions) Unemployed 9 Employer (See Instruction Unemployed)	ons)

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid	pense Printing Salaries	Expense Expense s/Wages/Contract Labor complete this form.		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:					3	Filer ID	(Ethics Commission Filers)
L	Sch: 1/1 Rpt: 10/23	Burch, W	illiam W. (Mr.)				00088123	
4	Date	5 Payee nan						
L	01/16/2024	Chase Ba						
6	Amount (\$) \$15,000.00	7 Payee add	lress; City;	State; Zip (Code			
8	PURPOSE				(b) Description			
	OF EXPENDITURE		(See Categories listed at the t rd Payment	top of this schedule)	Check if tr	avel outsionstin, TX,	officeholder living	plete Schedule T. expense
9	Complete ONLY if direct expenditure to benefit C/O		Officeholder name	Office so	pught		Office he	eld

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

oursement Solicitation/Fundraising Expense
Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Candidate/Officeriolder/Folitica		ruction Guide explains how		omplete t		TTIER (enter a categor	y not listed a	bove)	
1 Total pages Schedule F4:	2 FILER NAME					3 Filer ID (Ethics Commission Filers)			
Sch: 1/12 Rpt: 11/23	Burch, William W. (Mr.)				00088123			
4 CREDIT CARD ISSUER		ncial institution e Bank	5	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
	\$342.04	01/07/2024							
7 PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
	SQ *SPICY BOYS	FRIED							
	TX (1) Provide to								
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	1) Descrip					
<u> </u>	Food/Beverage Expense			oou truc	;K				
X Political									
Non-Political	(⁹	of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living exp	ense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sc	ougni		Office held			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
	\$394.98	01/04/2024		,(.,					
PAYEE	(a) Payee name	I	(b) Payee	address;	City,	State,	Zip Code	
	Axelrad Beer Garde	an	1	317 Alal	bama				
	Axeirad Beer Garde	511	١.,	lavatan	TV 77004				
PURPOSE OF	(a) Category		Houston, TX 77004 (b) Description						
EXPENDITURE	(See Categories listed at the top	of this schedule)	Fundraiser meet and greet						
Political	Food/Beverage Expe	nse	Fundraiser meet and greet						
X Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense						
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder		e so	ought		Office held			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(C) Date(s)	Credit Card Issue	r Paid			
	\$21.93	01/06/2024							
PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code	
	WHOLEFDS GWY	10036							
	(a) Oata wa		_	X					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	1 ') Descrip Grocer	DUUN				
X Political	Food/Beverage Expe	ee Categories listed at the top of this schedule) ood/Beverage Expense		nocei					
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T.			Г. Check if Austin, ТХ, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e so	ought		Office held			
	ı								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete	this form.						
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	nics Commiss	sion Filers)			
Sch: 2/12 Rpt: 12/23	Burch, William W. (Mr.)			00088123					
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid					
	\$119.94	01/06/2024								
7 PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code			
	TST* ST. ELMO BF	REWING COM	TX							
8 PURPOSE OF	(a) Category		(b) Description							
EXPENDITURE	(See Categories listed at the top		Beer gard							
X Political	Food/Beverage Expe	nse								
Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.					rpense				
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held	<u> </u>				
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid					
	\$2.37	01/08/2024								
PAYEE	(a) Payee name	l	(b) Payee	address;	City,	State,	Zip Code			
	CIRCLE K #274143	39								
			TX							
PURPOSE OF	(a) Category		(b) Description							
EXPENDITURE X Political	(See Categories listed at the top Food/Beverage Expe		Corner S	tore						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living ex	rpense				
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held					
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid					
	\$4.25	01/05/2024								
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code			
	COA PARKING ME	TEDS	2020 McI	Kinney						
	COAFARRINGINE	TENS								
	(a) Oatawari			TX 77003						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Parking meter							
X Political	Parking meter			netei						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	rpense				
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held					
expenditure to benefit C/OH										

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Candidate/Oniceriolae//Folitica	· · · · · · · · · · · · · · · · · · ·	ruction Guide explains how		omplete th		THEN (enter a categor	ly not listed at	bove)
1 Total pages Schedule F4:	2 FILER NAME					3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 3/12 Rpt: 13/23	Burch, William W. (Mr.)				00088123		
4 CREDIT CARD ISSUER	Name of final	ncial institution revious	5	EXPEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c)) Date(s) (Credit Card Issue	r Paid		
	\$4.50	01/10/2024						
7 PAYEE	(a) Payee name	•	(b)) Payee a	ddress;	City,	State,	Zip Code
	EXXON PRASEK'S	EXXON PRASEK'S HILLJE SMO						
8 PURPOSE OF	(a) Catagony		(b)	X) Descripti	on			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	` `) Descripti as	OH			
X Political	gas		19	45				
Non-Political	(c) Check if travel outside	of Toyoc, Complete Schodule T	Check if Austin, TX, officeholder living exper					
9 Complete ONLY if direct	(c) La Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name Office			<u>L</u> uaht	Check if Austin, 1x,	Office held	ense	
expenditure to benefit C/OH			00 00	ag		000		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c)) Date(s) (Credit Card Issue	r Paid		
	\$1,185.75	01/11/2024						
PAYEE	(a) Payee name	<u> </u>	(b)) Payee a	ddress;	City,	State,	Zip Code
	NGP VAN INC MOTO							
				X				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Mobilize	of this schedule)	(b) Description Mobilize					
X Political	Wiobilize							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	ce so	ught		Office held		
expenditure to benefit C/OH			_					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c)) Date(s) (Credit Card Issue	r Paid		
	\$1,622.75	01/11/2024						
PAYEE	(a) Payee name		(b)) Payee a	ddress;	City,	State,	Zip Code
	M3 CDADLIICC INC							
	M3 GRAPHICS INC	,						
			T.					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	1 ` ') Descripti iterature	on			
X Political	Printing Expense	•	[[iterature				
X Political	() [_	7			
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	20 00	<u>L</u>	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolider	andidate/Officeholder name Office sought Office held						
S. portantare to benefit 0/011								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Mange/Control Labor

Candidate/Officenoider/Politica	-	ruction Guide explains how		omplete th		THER (enter a catego	ry not listed al	pove)
1 Total pages Schedule F4:	2 FILER NAME					3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 4/12 Rpt: 14/23	Burch, William W. (Mr.)				00088123		
4 CREDIT CARD ISSUER		ncial institution revious	5	EXPEND	DF UNITEMIZED DITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issue	r Paid		
	\$296.80	01/14/2024						
7 PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code
	HYATT PLACE SA	N ANTONIO N		.,				
a PURPOSE OF	(a) Catagony			X N Docarint	ion			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	1) Descript lotel	1011			
X Political	Travel In District		1"	iotei				
Non-Political	(2) 🗖 (2) + (3) + (4)				7 01 1 17 1 17 77	6 1 11 11 11 11 11 11 11 11 11 11 11 11		
9 Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T. name Offic	20 00	<u>L</u>	Check if Austin, 1X,	officeholder living exp	ense	
expenditure to benefit C/OH	Garadate/Gilicenolaei	name ome	,0 30	,agrit		Office field		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issue	r Paid		
	\$8,660.50	01/03/2024						
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Bergman Caughman & Townsend		4	48 W 19t	h St #241			
			Houston, TX 77002					
PURPOSE OF	(a) Category (See Categories listed at the top	of this cahadula)	,) Descript				
EXPENDITURE X Political	Consulting Expense	or this scriedule)		ampaign	consulting firm			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Г	Check if Austin, TX.	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	•	ce so	ought		Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issue	r Paid		
	\$1,087.97	01/05/2024						
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	TST* FIRE WINGS	HOUSTON -						
	() =			X				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	1) Descript ood	ion			
_	Food/Beverage Expe			oou				
X Political					_			
Non-Political	(1)	of Texas. Complete Schedule T.						
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sc	ought		Office held		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Candidate/Onicendiden/Folitica		ruction Guide explains hov		omplete th		TTIEN (enter a catego	Ty flot listed at	bove)	
1 Total pages Schedule F4:	2 FILER NAME					3 Filer ID (Ethi	ics Commiss	sion Filers)	
Sch: 5/12 Rpt: 15/23	Burch, William W. (Mr.)				00088123			
4 CREDIT CARD ISSUER		ncial institution revious	5	EXPEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c)) Date(s) (Credit Card Issue	r Paid			
	\$21.00	01/05/2024							
7 PAYEE	(a) Payee name		(b)) Payee a	ddress;	City,	State,	Zip Code	
	BUCA DI BEPPO								
a Puppose of	(a) Catagony		(b)		ion				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Restaurant						
X Political	Food/Beverage Expe	nse	Restaurant						
Non-Political	<u>.</u>				.				
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	ce so	Lught	Check if Austin, TX,	officeholder living exp	ense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder	name Onic	CE 30	ugnt		Office field			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c)) Date(s) (Credit Card Issue	r Paid			
TATMENT	\$137.16	01/07/2024) Duic(3) (Steam Cara 1330C	i i did			
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
	HYATT PLACE AU	STIN ARB		,	·	•	,	·	
				~					
PURPOSE OF	(a) Category) Descripti	ion				
EXPENDITURE	(See Categories listed at the top	of this schedule)		otel					
X Political	Travel In District								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•		Check if Austin, TX,	officeholder living exp	pense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	ce so	ught		Office held			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c)) Date(s) (Credit Card Issue	r Paid			
	\$96.68	01/10/2024							
PAYEE	(a) Payee name		(b)) Payee a	ddress;	City,	State,	Zip Code	
	HYATT PLACE SA	N ANTONIO N							
			T.	X					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this echodula)	1 ` ') Descripti	ion				
l <u> </u>	Travel In District	or tris scriedule)	lΗ	otel					
X Political									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living exp	oense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	ce so	ught		Office held			
	•								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	The Insti	ruction Guide explains how	v to c	omplete th	is form.			
1 Total pages Schedule F4:	2 FILER NAME					3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 6/12 Rpt: 16/23	Burch, William W. (Mr.)				00088123		
4 CREDIT CARD ISSUER	Name of finar	ncial institution revious	5	EXPEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c)) Date(s) (Credit Card Issue	r Paid		
	\$39.84	01/12/2024						
7 PAYEE	(a) Payee name		(b)) Payee a	ddress;	City,	State,	Zip Code
	TST* ROEGELS BI	BQ - KATY		.,				
a puppose of	(a) Catagony		(b)		ion			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	1 ` ') Descripti od	IOH			
X Political	Food/Beverage Expe	nse	10	ou				
Non-Political					_			
	(c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name Officeholder name			L	Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct expenditure to benefit C/OH	Carididate/Officeriolder	name Onc	JE 50	ugni		Office field		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c)	Data(s) (Credit Card Issue	r Daid		
FATMENT			(0)	Date(3)	Siedit Caid issue	raid		
	\$40.99	01/21/2024						
PAYEE	(a) Payee name		(b)) Payee a	ddress;	City,	State,	Zip Code
	LONGHORN STEA	IK U125442						
			T)					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)) Descripti	on			
X Political	Food/Beverage Expe	· · · · · · · · · · · · · · · · · · ·	10	od				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	-	Г	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	ce so	ught	-	Office held		
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c)) Date(s) (Credit Card Issue	r Paid		
	\$141.20	01/23/2024						
PAYEE	(a) Payee name	l	(b)) Payee a	ddress;	City,	State,	Zip Code
	HYATT PLACE							
			T)	X				
PURPOSE OF	(a) Category (See Categories listed at the top	of this schodule)	1 ` ') Descripti	on			
EXPENDITURE	Travel In District	or alls scriedule)	ho	otel				
X Political								
Non-Political	(1)	of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to compl	ete this form.			,	
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (E	thics Commiss	sion Filers)	
Sch: 7/12 Rpt: 17/23	Burch, William W. (Mr.)			00088123			
4 CREDIT CARD ISSUER		ncial institution revious	EXF	TAL OF UNITEMIZE PENDITURES ARGED TO A CREI	 \$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Dat	e(s) Credit Card Iss	suer Paid			
	\$28.63	01/24/2024						
7 PAYEE	(a) Payee name		(b) Pay	vee address;	City,	State,	Zip Code	
	TST* SMOLIKS SM	10KEHOUSE						
	(a) Catamani		TX					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	food	scription				
<u></u>	Food/Beverage Expe		1000					
X Political								
Non-Political	<u> </u>	of Texas. Complete Schedule T.			TX, officeholder living	expense		
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	Office held					
expenditure to benefit C/OH	(a) Amazunt Chausad	(h) Data of Chause	I (a) Dat	a (a) Cua dit Caud las	over Deid			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Dai	e(s) Credit Card Iss	suer Paid			
	\$29.00	01/08/2024						
PAYEE	(a) Payee name		(b) Pay	vee address;	City,	State,	Zip Code	
	EVENTBRITE.COM	ORG FEE						
			TX					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Des	scription brite				
X Political	Fees		Lvein	biito				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin,	TX, officeholder living	expense		
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Dat	e(s) Credit Card Iss	suer Paid			
	\$1.69	01/09/2024						
PAYEE	(a) Payee name	l	(b) Pay	vee address;	City,	State,	Zip Code	
	KUNTRY KORNER)						
	ROWINT RORNER	L						
			TX					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
<u> </u>	Food/Beverage Exper	,	Corne	er Store				
X Political								
Non-Political	<u> </u>	of Texas. Complete Schedule T.			TX, officeholder living	expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	andidate/Officeholder name Office sought Office h						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete tl	his form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	ics Commiss	sion Filers)
	Sch: 8/12 Rpt: 18/23	Burch, William W. (Mr.)			00088123		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid		
		\$22.00	01/11/2024					
7	PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
		ONION CREEK		TX				
8	PURPOSE OF	(a) Category		(b) Descript	tion			
	EXPENDITURE X Political	(See Categories listed at the top Food/Beverage Expe	•	Food				
l	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	·	Check if Austin, TX,	officeholder living exp	pense	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought			Office held			
E	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid		
		\$63.00	01/13/2024					
	PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
		LA TEQUILA JALIS	SCO MEXIC	TV				
┝	PURPOSE OF	(a) Category		(b) Descript	tion			
	EXPENDITURE X Political	(See Categories listed at the top Food/Beverage Expe		food	uon			
l	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u> </u>	Check if Austin TY	officeholder living exp	nense	
H	Complete ONLY if direct	Candidate/Officeholder	·	<u> </u>	Check ii Austin, 17,	Office held	Jerise	
6	expenditure to benefit C/OH			J				
H	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid		
		\$30.00	01/13/2024					
	PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
		TEXAS DOG CO						
l				TX				
	PURPOSE OF	(a) Category (See Categories listed at the top	of this cabadula)	(b) Descript	tion			
1	EXPENDITURE	Food/Beverage Expe	,	food				
1	X Political	J 1						
L	Non-Political	(1)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
_ e	expenditure to benefit C/OH							
1								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Candidate/Onicerolden/Folitica		ruction Guide explains hov		plete th		TILK (enter a catego	ory not listed at	bove)
1 Total pages Schedule F4:	2 FILER NAME					3 Filer ID (Eth	nics Commiss	sion Filers)
Sch: 9/12 Rpt: 19/23	Burch, William W. (Mr.)				00088123		
4 CREDIT CARD ISSUER		ncial institution revious	E) Cl	KPEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) D	ate(s) C	Credit Card Issue	r Paid		
	\$1.48	01/23/2024						
7 PAYEE	(a) Payee name	•	(b) P	ayee a	ddress;	City,	State,	Zip Code
	SHELL OIL 100033	382008						
	() 0 :		TX					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	Gas	escripti	on			
<u> </u>	Gas		Gas					
X Political Non-Political	L. —				_			
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	ce sougl	<u>L</u>	Check if Austin, TX,	officeholder living ex	pense	
9 Complete ONLY if direct expenditure to benefit C/OH	Carididate/Officeriolder	name Onic	ce sougi	IIL		Office field		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) D	ate(s) (Credit Card Issue	r Paid		
			(0) 5	ato(0) (Stout Gara 19949	T CIG		
	\$34.00	01/25/2024						
PAYEE	(a) Payee name		(b) Payee address;			City,	State,	Zip Code
	BLANQUITAS MEXICAN RES							
			TX					
PURPOSE OF	(a) Category			escripti	on			
EXPENDITURE	(See Categories listed at the top		Food					
X Political	Food/Beverage Expe	nse						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Г	Check if Austin, TX,	officeholder living ex	pense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	ce sougl	ht	_	Office held		
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) D	ate(s) (Credit Card Issue	r Paid		
	\$7,000.00	01/17/2024						
PAYEE	(a) Payee name	<u> </u>	(b) P	ayee a	ddress;	City,	State,	Zip Code
	Tarras Damas anatical	Down.						
	Texas Democratic I	Party						
			TX					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	1 ` ′	escripti	on			
l <u> </u>	VAN	or time contocume)	VAN	I				
X Political								
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living ex	pense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	ce sougl	nt		Office held		
expenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Mange/Control Labor

Candidate/Officeholder/Politica	-	ices Sa ruction Guide explains hov	alaries/Wages/Co		THER (enter a catego	ry not listed a	bove)		
1 Total pages Cabadula E4		Tuction Guide explains nov	v to complete	tills lottil.	3 Filer ID (Ethi	os Commis	sion Filoro)		
1 Total pages Schedule F4: Sch: 10/12 Rpt: 20/23	Burch, William W. (Mr			00088123	CS COMMINS	SIOII FIIEIS)		
4 CREDIT CARD		ncial institution	5 TOTAL	OF UNITEMIZED	00000123				
ISSUER		revious	EXPE	NDITURES	\$				
	300 pi	revious	CHAR	GED TO A CREDIT					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge		s) Credit Card Issue	_ I er Paid				
	\$9,500.00	01/17/2024		•					
	ψ3,300.00	01/11/2024							
7 PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
			448 W 1	.9th St #241					
	Bergman Caughman & Townsend								
			Houston (b) Descri	ı, TX 77002					
8 PURPOSE OF EXPENDITURE	(a) Category	(a) Category (See Categories listed at the top of this schedule)							
l <u>—</u>	Consulting Expense	or this scriedule)	Consulti	ng firm					
X Political									
Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living exp	oense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	ce sought		Office held				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s	s) Credit Card Issue	er Paid				
	\$27.39	01/18/2024							
	,=								
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
	SQ *LJ'S BBQ								
	30 53 550								
	(a) Catamani		TX (h) Danari	inali a la					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descri	ιριιστι					
X Political	Food/Beverage Expe	nse	1000						
Non-Political	(a) Chapte if traval autoids	of Toyon Complete Cohodule T		Chapte if Austin TV	officebolder living over				
Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	ce sought	Crieck ii Austin, 1X	, officeholder living exp	Derise			
expenditure to benefit C/OH			oo ooug		GGG T.G.G				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s	s) Credit Card Issue	er Paid				
	\$6.99	01/18/2024							
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
	00 # 110 DD0								
	SQ *LJ'S BBQ								
			TX						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descri	iption					
l <u> </u>	Food/Beverage Expe	,	Food						
X Political									
Non-Political					, officeholder living exp	oense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	ce sought		Office held				
Copenditule to beliefft C/OH									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Candidate/Oniceriolder/Folitica	•	ruction Guide explains how		omplete th		THEN (enter a catego	Ty flot listed at	bove)
1 Total pages Schedule F4:	2 FILER NAME					3 Filer ID (Ethi	ics Commiss	sion Filers)
Sch: 11/12 Rpt: 21/23	Burch, William W. (Mr.)				00088123		
4 CREDIT CARD ISSUER	1	ncial institution revious		EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c)	Date(s)	Credit Card Issue	r Paid		
	\$6.36	01/18/2024						
7 PAYEE	(a) Payee name	•	(b)	Payee a	ıddress;	City,	State,	Zip Code
	CIRCLE K #274154	46						
			T					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)		Descript	tion			
l <u> </u>	gas	,	ga	aS				
X Political				_				
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		[Check if Austin, TX,	officeholder living exp	pense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	ce soı	ught		Office held		
expenditure to benefit C/OH	(a) Amount Charged	(h) Data of Charge	(0)	Data(a)	Cradit Card Issue	. Doid		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c)	Date(S)	Credit Card Issue	Palu		
	\$51.00	01/19/2024						
PAYEE	(a) Payee name	I	(b) Payee address;			City,	State,	Zip Code
	HIMALAYA RESTA	URANT						
			T)	<				
PURPOSE OF	(a) Category		(b)	Descript	tion			
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		Fo	ood				
X Political	T ood/Beverage Exper							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living exp	pense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	ce sou	ught		Office held		
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c)	Date(s)	Credit Card Issue	r Paid		
	\$143.12	01/20/2024						
PAYEE	(a) Payee name	I	(b)	Payee a	ıddress;	City,	State,	Zip Code
	Livett Diese							
	Hyatt Place							
			(T					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)		Descript	tion			
l <u> </u>	Travel In District	,	H	otel				
X Political				_				
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		[Check if Austin, TX,	officeholder living exp	pense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	ce soi	ugnt		Office held		
expenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Mange/Control Labor

Candidate/Officenoider/Politica	-	ruction Guide explains how		THER (enter a category	not listed at	ove)		
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics	Commiss	sion Filers)		
Sch: 12/12 Rpt: 22/23	Burch, William W. (Mr.)		00088123				
4 CREDIT CARD ISSUER	Name of final	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$9.41	01/22/2024						
7 PAYEE	(a) Payee name RAISING CANES 0	0556	(b) Payee address;	City,	State,	Zip Code		
8 PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE X Political	(See Categories listed at the top Food/Beverage Expe		food					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exper	ıse			
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$77.21	01/24/2024						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	BKGHOTEL AT BOOKING.C		TV					
PURPOSE OF	(a) Category		TX (b) Description					
EXPENDITURE	(See Categories listed at the top	of this schedule)	hotel					
X Political	Travel In District		110101					
Non-Political	() []							
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense Sought Office held					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder	name Onc	e sought	Office field				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
TAIMEN	\$1.94	01/25/2024	(b) Bate(s) Great Card issue	i i did				
PAYEE	(a) Davisa nama		(h) Davisa address:	City	Ctoto	Zip Code		
PAILE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	BUC-EE'S #17							
			TX					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top	of this schedule)	gas					
X Political	gas							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin TX	officeholder living exper	nse			
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Office held				
expenditure to benefit C/OH			Ŭ					

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 23/23 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Burch, William W. (Mr.) 00088123 5 Name of person from whom amount is received 8 Amount (\$) Date 01/25/2024 \$0.11 Regions 6 Address of person from whom amount is received; City; State; Zip Code TX Purpose for which amount is received Check if political contribution returned to filer Interest