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)	2 Total pages filed: 31		
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	SE ONLY	
OFFICEHOLDER NAME	Mr.	William W.			Date Received		
					ELECTRONICA	LLY FILED	
	NICKNAME	LAST		SUFFIX	02/25/2024		
	THOIR WILL	Burch		0011111			
4 CANDIDATE /	ADDDECC / DO DOV: ADT	/ CLUTE # CIT	V.	ZIP CODE	Date Hand-delivered or	Data Postmarkad	
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / 216 Apple Tree	/ SUITE #; CIT	Ι,	ZIP CODE	Bate Hand delivered of	Date i osimarked	
MAILING ADDRESS	210 Apple Tree				Receipt #	Amount	
Change of Address	Livingston, TX 77351						
	Livingston, 17, 77551				Date Processed		
					Date Imaged		
					Date imaged		
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<u>. </u>		
TREASURER NAME	Mr.	Jason A.					
TV/ WVIE							
	NICKNAME	LAST		SUFFIX			
		Kroger					
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	APT	/ SUITE #; CITY;	STA	TE; 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 PHONE	(832) 833-6361						
PHONE							
8 REPORT TYPE		-	_	_	-		
ITPE	January 15	30th day before	election [Runoff	15th day after cam appointment (office		
	July 15	8th day before	election	Exceeded modified	Final Report (Attac	ch C/OH-FR)	
		_	— ı	reporting limit	-		
9 PERIOD	Month Day Year			Month Day	Year		
COVERED	01/26/2024	TH	IROUGH	02/24/202	4		
10 51 507101	EL FOTION SATE	<u> </u>		ELECTION TYPE			
10 ELECTION	ELECTION DATE Month Day Year		rimary	ELECTION TYPE Runoff	Other		
	03/05/2024				Liounei		
		∐ ^G	eneral	Special			
					(6.1		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT Railroad Commis			
				ramoad commis	53101101		
		COT	O PAGE 2				
		GO I	O PAGE 2				

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 31

13 C / OH NAME	Burch, William W. (M	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 in I officeholders are required to report this information	the candidate's or office	holder'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		I ZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
	2. TOTAL POLITIC (OTHER THAN F	5)	\$ 1,409.00	
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 0.00	
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 54,780.43
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 18,695.03
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 65,580.00
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.		
		Mr. \	William W. Burch	
		Signature of	Candidate or Officehole	der
AFFIX NO	TARY STAMP / SEAL AB	DVE		
Sworn to and subso	cribed before me, by the s	aid	, this the	day
of				
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath

SUBTOTALS - C/OH

FORM C/OH **COVER SHEET PG 3**

					3 of 31
	ER NAN	ME Iliam W. (Mr.)	19 Filer ID 00088123	(Eth	nics Commission Filers)
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,409.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	\$		
4.	X	SCHEDULE E: LOANS	\$	40,000.00	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	25,000.00
6.	Х	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	4,608.15
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
8.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	25,172.28
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12.	Х	\$	0.10		

	MONET	ARY POLITICAL CONTRIBUTI	ON	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 1/5 Rpt: 4/31	
2	FILER NAME Burch, Willia	m W. (Mr.)			3	Filer ID (Ethics Commission 00088123	n Filers)
4	Date 02/16/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$250.00
_	<u> </u>	Montgomery, TX 77316	٦,	5 1 (0 1 1 1	<u></u>		
8	Principal occu Manager	pation / Job title (See Instructions)	9	Employer (See Instructions Wild Well Control, Inc.	S)		
	Date 02/11/2024	Full name of contributor out-of-state PAC (ID# Cross, Patty Contributor address; City; State; Zip Code Highland Village, TX 75077)		Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> (3)		
	Not Employe	ed		Not Employed			
	Date 02/11/2024	Full name of contributor out-of-state PAC (ID# Daly, Gina Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
		Lantana, TX 76226					
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	s)		
	Date 02/20/2024	Full name of contributor out-of-state PAC (ID# DeFelice, Louis Contributor address; City; State; Zip Code Coppell, TX 75019)	•	Amount of Contribution (\$)	\$25.00
	Principal occu Self-Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Self-Employed	5)		
	Date 02/21/2024	Date Full name of contributor out-of-state PAC (ID#:)			•	Amount of Contribution (\$)	\$10.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to comp	lete this forr	m.	1	Total pages Schedule A1: Sch: 2/5 Rpt: 5/31	
2	FILER NAME Burch, Willia	m W. (Mr.)			3	Filer ID (Ethics Commission 00088123	n Filers)
4	Date 02/05/2024	Flannigan, Roselyn	ate PAC (ID#:		7	Amount of Contribution (\$)	\$250.00
8	Principal occur	Houston, TX 77059 pation / Job title (See Instructions)	l _o	Employer (See Instructions	·,		
0	Not Employe		9	Not Employed)		
	Date 02/12/2024	Holguin Jr., Ramon)		Amount of Contribution (\$)	\$25.00
	Dringing! aggu	Forsan, TX 79733	<u> </u>	Employer (Con Instructions	<u>, </u>		
	Photographe	pation / Job title (See Instructions) r		Employer (See Instructions Self-Employed	5)		
	Date 02/07/2024	Full name of contributor out-of-st King, Bill Contributor address; City; State; Zip Cod	ate PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		Austin, TX 78756					
	Not Employe	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed	5)		
	Date 02/09/2024	Kremer, Margaret				Amount of Contribution (\$)	\$25.00
	Principal occup Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 02/10/2024	Full name of contributor out-of-st Larson, Jeffrey Contributor address; City; State; Zip Coo	ate PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 3/5 Rpt: 6/31	
2	FILER NAME Burch, Willia	m W. (Mr.)				3	Filer ID (Ethics Commission 00088123	n Filers)
4	Date 02/09/2024	5 Full name of contributor LoweSolis, Michelle6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$100.00
_	Duinning Langu	San Antonio, TX 78209		_	Franks or (Cook and west or			
8	Not Employe	pation / Job title (See Instructions ed	5)	9	Employer (See Instructions Not Employed	5)		
	Date 02/13/2024	Full name of contributor Luebbehusen, William Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Dringing Lagra	Joshua, TX 76058	. T		Franks von (Cooks brothe stern	<u></u>		
	Not Employe	pation / Job title (See Instructionsed	S)		Employer (See Instructions Not Employed	5)		
	Date 02/05/2024	Full name of contributor out-of-state PAC (ID#:) McDaniel, Tim Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$10.00		
		El Paso, TX 79905						
	Principal occu Planner	pation / Job title (See Instructions	(5)		Employer (See Instructions City of Sunland Park	s)		
	Date 02/18/2024	Full name of contributor Place, Paul Contributor address; City; S Houston, TX 77094	out-of-state PAC (ID#:			•	Amount of Contribution (\$)	\$100.00
	Principal occu Software De	pation / Job title (See Instructions veloper	5)		Employer (See Instructions Stardog Union	s)		
	Date Full name of contributor out-of-state PAC (ID#:) 02/17/2024 Progar, Therese Contributor address; City; State; Zip Code Richardson, TX 75082			Amount of Contribution (\$)	\$50.00			
	Principal occu Not Employe	pation / Job title (See Instructions ed	(3)		Employer (See Instructions Not Employed	5)		

	MONET	ARY POLITICAL CONTRIE	BUTION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complet	te this for	n.	1	Total pages Schedule A1: Sch: 4/5 Rpt: 7/31	
2	FILER NAME Burch, Willia	m W. (Mr.)			3	Filer ID (Ethics Commission 00088123	n Filers)
4	Date 02/24/2024	 Full name of contributor out-of-state Reinhart, Susan Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$200.00
8	Dringing oggu	Seabrook, TX 77586	lo.	Employer (See Instructions	<u>,,</u>		
•	RN	pation / Job title (See Instructions)	9	Employer (See Instructions MEDBVAMC	·)		
	Date 02/02/2024	D2/02/2024 Ringness, Jesse Contributor address; City; State; Zip Code Frisco, TX 75035)		Amount of Contribution (\$)	\$25.00
	Principal occu			Employer (See Instructions	s)		
	Tech	pation / cos title (coe motioners)		TGSE	-,		
	Date 02/02/2024				Amount of Contribution (\$)	\$25.00	
		Frisco, TX 75035					
	Principal occu Unemployed	pation / Job title (See Instructions)		Employer (See Instructions Unemployed	s)		
	Date 02/23/2024	e Full name of contributor out-of-state PAC (ID#:)				Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 102/16/2024 Tomlinson, Robert Contributor address; City; State; Zip Code Friendswood, TX 77546		•	Amount of Contribution (\$)	\$4.00		
	Principal occu Unemployed	pation / Job title (See Instructions)		Employer (See Instructions Unemployed	5)		
			•				

	MONETARY POLITICAL CONTRIBUTIONS		SCHEDULE	A1
	The Instruction Guide explains how to complete this form.		Total pages Schedule A1: Sch: 5/5 Rpt: 8/31	
2	FILER NAME Burch, William W. (Mr.)		Filer ID (Ethics Commission 00088123	Filers)
4	Date 02/05/2024 5 Full name of contributor out-of-state PAC (ID#:	7	Amount of Contribution (\$)	\$10.00
	Katy, TX 77450	-+:>		
8	Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Not Employed Not Employed	ctions)		
	Date Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	\$25.00
	Fairview, TX 75069-1914			
	Principal occupation / Job title (See Instructions) Not Employed Not Employed	ctions)		

	LOANS					SCHEDULE E
	The Instruction	on Guide explains how to con	nplete this fo	orm.	•	ges Schedule E: 1 Rpt: 9/31
2	FILER NAME Burch, William V	V. (Mr.)			3 Filer ID 000881	(Ethics Commission Filers)
4	TOTAL OF UN	IITEMIZED LOANS				\$
5	Date of loan 02/12/2024	7 Name of lender Burch, Bill	out-of-state PAG	C (ID#:	9 Loan Amount (\$) \$40,000.00	
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Rate
	No	Livingston, TX 77351				11 Maturity Date 11/05/2024
12	Principal occupation Not Employed	on / Job title (See Instructions)		13 Employer (See Instructions Not Employed	6)	
14	Description of Coll	ateral		15 Check if personal funds we	ere deposited	l into political account (See Instructions)
16	X None GUARANTOR INFORMATION	17 Name of guarantor		Ц		19 Amount Guaranteed (\$)
	X not applicable	18 Guarantor address; City;	State;	Zip Code		
20	Principal occupation	on		21 Employer (See Instructions	s)	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment		/ - al Co	Fees Food/Beverage Exper Gift/Awards/Memorials mmittee Legal Services		Polling Expense Printing Expense	d/Rental Expense e e e /Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense trict category not listed above)
	Credit Card Payment		The Instruction G	uide explains h	now to comple	ete this form.			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 1/1 Rpt: 10/31		Burch, William W. (Mr.)					00088123	
4	Date	5	Payee name			•	_		
	02/15/2024		Chase Bank						
-	Amount (\$)	7	Payee address; City;	State:	Zip Code				
ľ	\$25,000.00	ľ	rayee address, Sity,	Otato,	Zip Code				
	Ψ25,000.00								
L		L	TX						
8	PURPOSE	(a)	Category (See Categories listed at	the top of this sche	edule) (b)	Description			
	OF EXPENDITURE		Credit Card Payment					ide of Texas. Com	
						_		, officeholder living	expense
						Visa (#5124)	Pa	lyment	
L									
9	Complete ONLY if direct expenditure to benefit C/O	(Н	Candidate/Officeholder name	0	office sought			Office he	ld
l									
l									
l									

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/4 Rpt: 11/31 Burch, William W. (Mr.) 00088123 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 01/31/2024 Burch, Bill Amount (\$) Payee address; City; State; Zip Code \$110.07 216 Apple Tree Livingston, TX 77351 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense January Expense Report (Towneplace Suites 1/19/24) 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 01/31/2024 Burch, Bill Payee address: Amount (\$) City; State; Zip Code \$114.62 216 Apple Tree Livingston, TX 77351

Non-Political

Office sought

(b) Description

1/25/24)

Check if travel outside of Texas. Complete Schedule T.

January Expense Report (Towneplace Suites

Office held

Check if Austin, TX, officeholder living expense

Political

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

Χ

Travel In District

Candidate/Officeholder name

TYPE OF

PURPOSE

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/4 Rpt: 12/31 Burch, William W. (Mr.) 00088123 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 01/31/2024 Burch, Bill Amount (\$) Payee address; City; State; Zip Code \$98.77 216 Apple Tree Livingston, TX 77351 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense January Expense Report (Fairfield Inn 1/26/24) 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 01/31/2024 Burch, Bill Payee address: Amount (\$) City; State; Zip Code \$87.00 216 Apple Tree Livingston, TX 77351 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense T Mobile (January) Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/4 Rpt: 13/31 Burch, William W. (Mr.) 00088123 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 01/31/2024 Burch, Bill Amount (\$) Payee address; City; State; Zip Code \$87.00 216 Apple Tree Livingston, TX 77351 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense T Mobile (February) 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 01/31/2024 Burch, Bill Payee address: Amount (\$) City; State; Zip Code \$3,938.60 216 Apple Tree Livingston, TX 77351 TYPE OF Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense Mileage (January) Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 4/4 Rpt: 14/31 Burch, William W. (Mr.) 00088123 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 01/31/2024 Burch, Bill Amount (\$) Payee address; City; State; Zip Code \$95.95 216 Apple Tree Livingston, TX 77351 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense Harris County Tool Road Authority (January 2024) 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 01/31/2024 Burch, Bill Payee address: Amount (\$) City; State; Zip Code \$76.14 216 Apple Tree Livingston, TX 77351 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Starbucks (January 2024) Complete ONLY if direct 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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Et	hics Commiss	sion Filers)		
Sch: 1/16 Rpt: 15/31	Burch, William W. (Mr.)			00088123				
4 CREDIT CARD ISSUER		ncial institution e Bank	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid				
	\$104.51	02/03/2024							
7 PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code		
	Hyatt Place		TX						
8 PURPOSE OF	(a) Category		(b) Descrip	tion					
EXPENDITURE X Political	(See Categories listed at the top Travel In District	of this schedule)	Lodging						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u> </u>	Check if Austin, TX	, officeholder living e	xpense			
9 Complete ONLY if direct	ONLY if direct Candidate/Officeholder name Office sought								
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid				
	\$60.00	02/03/2024							
PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code		
	Overton Hotel								
			TX						
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Descrip Bar	tion					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u> </u>	Chack if Austin TX	., officeholder living e	vnense			
Complete ONLY if direct	Candidate/Officeholder	· · · · · · · · · · · · · · · · · · ·	e sought	Check ii Addiii, 17	Office held	хрепзе			
expenditure to benefit C/OH PAYMENT				Cuadit Cand Issue	au Daid				
PATWENT	(a) Amount Charged \$52.13	(b) Date of Charge 02/04/2024	(c) Date(s)	Credit Card Issue	ei Palu				
PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code		
	Big Momma's Hut		TX						
PURPOSE OF	(a) Category		(b) Descrip	tion					
EXPENDITURE	(See Categories listed at the top		Dinner						
X Political	X Political Food/Beverage Expense								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living e	xpense			
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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	v to co	mplete thi	s form.	(9-	,	,
1 Total pages Schedule F4:	2 FILER NAME					3 Filer ID (Eth	ics Commiss	sion Filers)
Sch: 2/16 Rpt: 16/31	Burch, William W. (Mr.)				00088123		
4 CREDIT CARD ISSUER		ncial institution revious		EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c)	Date(s) C	redit Card Issue	r Paid		
	\$140.54	02/04/2024						
7 PAYEE	(a) Payee name		(b)	Payee ac	ldress;	City,	State,	Zip Code
	HYATT PLACE							
0 PURPOSE OF	(a) Catagony		TX	Description				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)		dging	JII			
X Political	Travel In District		-0	aging				
I <u>=</u>					_			
Non-Political	`	of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living ex	pense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Onic	e sou	igrit		Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c)	Data(s) C	redit Card Issue	r Daid		
PATMENT			(6)	Date(s) C	redit Card Issue	i Faiu		
	\$2.37	02/04/2024						
PAYEE	(a) Payee name		(b)	Payee ac	ldress;	City,	State,	Zip Code
	Sunoco							
			TX	(
PURPOSE OF	(a) Category (See Categories listed at the top	of this calledule)	(b) Description					
EXPENDITURE	Food/Beverage Expe		Co	offee				
X Political								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living ex	pense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sou	ıght		Office held		
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c)	Date(s) C	redit Card Issue	r Paid		
	\$64.92	02/05/2024						
PAYEE	(a) Payee name	I	(b)	Payee ac	ldress;	City,	State,	Zip Code
		0						
	LA QUINTA INN &	SUITES						
			TX					
PURPOSE OF (a) Category EXPENDITURE (See Categories listed at the top of this schedule)			Description	on				
EXPENDITURE	Travel In District	of this schedule)	Lo	dging				
X Political								
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living ex	pense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sou	ıght		Office held		
	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 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 th	nis form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	ics Commiss	sion Filers)
Sch: 3/16 Rpt: 17/31	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	r Paid		
	\$44.00	02/06/2024					
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	The Switch		TX				
8 PURPOSE OF	(a) Category		(b) Descript	rion			
EXPENDITURE	(See Categories listed at the top	of this schedule)	Dinner				
X Political	Food/Beverage Expe	nse	Biiiioi				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u> </u>	Check if Austin TY	officeholder living exp	nense	
9 Complete ONLY if direct	Candidate/Officeholder	·	e sought	CHECK II Austin, 17,	Office held	Je113e	
expenditure to benefit C/OH			3 -				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$99.40	02/07/2024					
PAYEE	(a) Payee name		(b) Payee a	ıddress;	City,	State,	Zip Code
	Hotels U Go Go						
			TX				
PURPOSE OF	(a) Category		(b) Descript	tion			
EXPENDITURE	(See Categories listed at the top	of this schedule)	Lodging				
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	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		
	\$2.34	02/07/2024					
PAYEE	(a) Payee name		(b) Payee a	ıddress;	City,	State,	Zip Code
	CIRCLE K						
			TX				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript	tion			
l <u> </u>	Food/Beverage Exper		Coffee				
X Political	<u></u>						
Non-Political	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	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		
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 complete th	is form.	(.,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)
Sch: 4/16 Rpt: 18/31	Burch, William W. (Mr.)			00088123		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	r Paid		
	\$29.00	02/08/2024					
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	EVENTBRITE.COM	I ORG FEE	TX				
8 PURPOSE OF	(a) Category		(b) Descripti	ion			
EXPENDITURE X Political	(See Categories listed at the top Advertising Expense	of this schedule)	Monthly Fe	ee			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u>'</u> г	Check if Austin, TX,	officeholder living exp	pense	
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		
	\$6.00	02/09/2024					
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	DFW Airport Toll Ro	oad					
			TX				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this cahadula)	(b) Descripti				
X Political	Travel In District	or triis scriedule)	Toll Road	Fee			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	' г	Check if Austin, TX,	officeholder living exp	pense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issue	r Paid		
	\$1.94	01/26/2024					
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Buc-ee's						
			TX				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti	on			
X Political	Food/Beverage Exper	•	Coffee				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u> </u>	Check if Austin TV	officeholder living exp	nense	
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought		Office held	JC113C	
expenditure to benefit C/OH		Jane Onio			oooiu		
	I						

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/Officeriolide//Folitica	· ·	ruction Guide explains how	to complete		TIER (enter a catego	ry not iisteu ai	bove)
1 Tot	tal pages Schedule F4:		- Carao Ospianio non			3 Filer ID (Ethi	cs Commiss	sion Filers)
	th: 5/16 Rpt: 19/31	Burch, William W. (Mr)			00088123	00 0011111100	510111 11010)
4 CR	REDIT CARD SUER	Name of final	ncial institution revious	EXPEN	OF UNITEMIZED NDITURES GED TO A CREDIT	\$		
6 PA	YMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid		
		\$100.00	01/26/2024					
7 PA	YEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Lubbock County De	emocratic	TX				
8 PU	JRPOSE OF	(a) Category		(b) Descri	ption			
	(PENDITURE	(See Categories listed at the top	of this schedule)	Ticket				
>	Political	Event Expense						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense	
9 Co	mplete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expe	nditure to benefit C/OH							
PA	YMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid		
		\$42.00	01/27/2024					
PA	YEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Los Compadres Me	exican					
				TX				
	JRPOSE OF	(a) Category		(b) Descri	ption			
l <u> </u>	(PENDITURE	(See Categories listed at the top Food/Beverage Expe		Dinner				
2	Political	3 1						
	Non-Political	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense	
	mplete <u>ONLY</u> if direct nditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PA	YMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid		
		\$83.36	01/28/2024					
PA	YEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Casa Do Brasil						
				TX				
	JRPOSE OF (PENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descri	ption			
_		Food/Beverage Exper	·	Dinner				
	Political							
	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense	
	mplete <u>ONLY</u> if direct nditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		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/Officeriolder/Folitica		ruction Guide explains hov		mplete th		THEN (enter a catego	i y not listeu a	bove)
1 Total pages Schedule F4:	2 FILER NAME					3 Filer ID (Eth	ics Commiss	sion Filers)
Sch: 6/16 Rpt: 20/31	Burch, William W. (Mr.)				00088123		
4 CREDIT CARD ISSUER		ncial institution revious		EXPEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c)	Date(s) C	Credit Card Issue	r Paid		
	\$21.08	01/30/2024						
7 PAYEE	(a) Payee name	•	(b)	Payee a	ddress;	City,	State,	Zip Code
	Wendy's							
			T>					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)		Descripti	on			
<u> </u>	Food/Beverage Exper			nner				
X Political								
Non-Political	(1)	of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living ex	pense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	ce sou	ıght		Office held		
expenditure to benefit C/OH	() 4 () 4	[(1) B ((1)	1 ()	5 . () (2 17 0 11	5 : 1		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c)	Date(s) C	Credit Card Issue	r Paid		
	\$308.72	01/30/2024						
PAYEE	(a) Payee name	l	(b)	Payee a	ddress;	City,	State,	Zip Code
	Hyatt Place							
			T>	(
PURPOSE OF	(a) Category	(4)	1 ' '	Descripti	on			
EXPENDITURE	(See Categories listed at the top Travel In District	of this schedule)	Lo	dging				
X Political								
Non-Political	\frac{1}{2} \frac{1}{2}	of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living ex	oense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	ce sou	ıght		Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c)	Date(s) (Credit Card Issue	r Paid		
	\$127.13	01/31/2024		(-)				
PAYEE	(a) Payee name		(b)	Payee a	ddress;	City,	State,	Zip Code
	LA QUINTA INN &	SHITES						
	LA QUINTA INN &	301123						
	() 2 .		T>					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	1 ' '	Descripti	on			
	Travel In District	,		dging				
X Political								
Non-Political	(1)	of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living ex	oense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	ce sou	ıght		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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	v to coi	mplete thi	s form.	(.,	,
1 Total pages Schedule F4:	2 FILER NAME					3 Filer ID (Eth	ics Commiss	sion Filers)
Sch: 7/16 Rpt: 21/31	Burch, William W. (Mr.)				00088123		
4 CREDIT CARD ISSUER	Name of final	ncial institution revious	E	EXPEND	F UNITEMIZED TURES D TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) I	Date(s) C	redit Card Issue	r Paid		
	\$6.95	02/02/2024						
7 PAYEE	(a) Payee name Lemma Coffee		(b) I	Payee ac	ldress;	City,	State,	Zip Code
8 PURPOSE OF	(a) Category			Description	on			
EXPENDITURE	(See Categories listed at the top	of this schedule)		ffee				
X Political	Food/Beverage Expe	nse						
Non-Political	() []				7			
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	ce sou		Check if Austin, TX,	officeholder living ex	pense	
9 Complete ONLY if direct expenditure to benefit C/OH	Carididate/Officeriolder	name Onic	se sou(yııı		Office field		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) I	Date(s) C	redit Card Issue	r Paid		
TAIMEN	\$900.00	02/17/2024		σαιο(σ) ο	redit Gara 1350c	. r ald		
PAYEE	(a) Payee name		(b) I	Payee ac	ldress;	City,	State,	Zip Code
	TextByChoice							
			TX					
PURPOSE OF	(a) Category		(b) I	Descripti	on			
EXPENDITURE X Political	(See Categories listed at the top Advertising Expense	of this schedule)	Tex	kt Messa	aging			
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 sou	ght	_	Office held		
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged \$36.00	(b) Date of Charge 02/18/2024	(c) I	Date(s) C	credit Card Issue	r Paid		
PAYEE	(a) Payee name		(b) I	Payee ac	ldress;	City,	State,	Zip Code
	TextByChoice							
			TX					
PURPOSE OF	(a) Category			Descripti				
EXPENDITURE	(See Categories listed at the top Advertising Expense	of this schedule)	Tex	kt Messa	aging			
X Political	/ Advertising Expense							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living ex	pense	
Complete ONLY if direct expenditure to benefit C/OH	ONLY if direct							
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		omplete th		THEN (enter a categor	y not listed at	bove)
1 Total pages Schedule F4:	2 FILER NAME					3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 8/16 Rpt: 22/31	Burch, William W. (Mr.)				00088123		
4 CREDIT CARD ISSUER	1	ncial institution revious	5	EXPEND	OF UNITEMIZED VITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issue	r Paid		
	\$32.04	02/19/2024						
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Gatlin's BBQ							
	() 0 :		T					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	1) Descript	ion			
<u> </u>	Food/Beverage Expe		-	unch				
X Political								
Non-Political	`	of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	ce so	ought		Office held		
expenditure to benefit C/OH	(a) A managed Observation	(h) D-++ Ol	1.) D -+- (-) (2 dit 0d I	- D-1-I		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(C) Date(s) (Credit Card Issue	r Pald		
	\$28.34	01/29/2024						
PAYEE	(a) Payee name	1	(b) Payee a	ddress;	City,	State,	Zip Code
	Mighty Fine Burger	S						
			Т	X				
PURPOSE OF	(a) Category (See Categories listed at the top	of this schodule)	1) Descript	ion			
EXPENDITURE	Food/Beverage Exper		D	inner				
X Political	J 1							
Non-Political		of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living exp	ense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	ce so	ought		Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(C) Date(s) (Credit Card Issue	r Paid		
	\$1,185.75	02/01/2024						
PAYEE	(a) Payee name	I	(b) Payee a	ddress;	City,	State,	Zip Code
	NGP VAN INC MO	ТО						
			Т	X				
PURPOSE OF	(a) Category	(4)	1) Descript				
EXPENDITURE 	(See Categories listed at the top	of this schedule)	N	IGP VAN				
X Political								
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	ought		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

Carididate/Officeriolder/Folitica		ruction Guide explains how		omplete th		THEN (enter a catego	ry not listed at	bove)
1 Total pages Schedule F4:	2 FILER NAME					3 Filer ID (Eth	ics Commiss	sion Filers)
Sch: 9/16 Rpt: 23/31	Burch, William W. (Mr.)				00088123		
4 CREDIT CARD ISSUER		ncial institution revious	5	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		
	\$5.40	02/01/2024						
7 PAYEE	(a) Payee name Hobby Lobby		(b)) Payee a	ddress;	City,	State,	Zip Code
			T.		-			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	1 ` ') Descript				
l <u> </u>	Advertising Expense	or this schedule)	S	uperGlue	9			
X Political								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living ex	oense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	ce so	ught		Office held		
expenditure to benefit C/OH		T	1					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c)) Date(s) (Credit Card Issue	r Paid		
	\$51.97	02/02/2024						
PAYEE	(a) Payee name	•	(b)) Payee a	ddress;	City,	State,	Zip Code
	Lockhart Smokeho	use						
			T	X				
PURPOSE OF	(a) Category		(b)) Descript	ion			
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		D	inner				
X Political	T Ood/Beverage Expe							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•		Check if Austin, TX,	officeholder living ex	pense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	ce so	ught		Office held		
expenditure to benefit C/OH	() 4 () 4	[(1) B ((1)	173) D (()	0 17:0 11	5 : 1		
PAYMENT	(a) Amount Charged \$19.00	(b) Date of Charge 02/05/2024	(c)) Date(s) (Credit Card Issue	r Paid		
PAYEE	(a) Payee name	ı	(b)) Payee a	ddress;	City,	State,	Zip Code
	Mirai Bowl							
			T.					
PURPOSE OF	(a) Category (See Categories listed at the top	of this schodulo)) Descript	ion			
EXPENDITURE	Food/Beverage Expe	•	D	inner				
X Political								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living ex	oense	
Complete ONLY if direct 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/Officeriolder/Folitica	ŭ	ruction Guide explains how	to complete		TIEN (enter a catego	ny not listed a	bove)				
1	Total pages Schedule F4:		<u> </u>			3 Filer ID (Eth	city, State, Zip Code					
	Sch: 10/16 Rpt: 24/31	Burch, William W. (Mr.)			00088123		,				
4	CREDIT CARD ISSUER	Name of final	ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$						
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	Paid						
		\$8.31	02/06/2024									
7	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code				
		Flying J		TX								
8	PURPOSE OF	(a) Category		(b) Descri	ption							
	EXPENDITURE	(See Categories listed at the top		Breakfas								
l	X Political	Food/Beverage Expe	nse									
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin TX	officeholder living ex	nense					
9	Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	chock in Addition, 174,	Office held	po					
	expenditure to benefit C/OH			J								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issuer	Paid						
		\$18.81	02/08/2024									
	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code				
		TX Burger										
				TX								
l	PURPOSE OF	(a) Category (See Categories listed at the top	of this cabady (a)	(b) Descri	ption							
	EXPENDITURE	Food/Beverage Expe		Dinner								
	X Political	3 1										
L	Non-Political	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense					
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder		e sought		Office held						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	Paid						
		\$109.63	02/10/2024									
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code				
		HYATT PLACE										
L				TX								
	PURPOSE OF	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	ption							
	EXPENDITURE	Travel In District	oi una scriedule)	Lodging								
	X Political											
	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,		pense					
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

		The Insti	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: 11/16 Rpt: 25/31	Burch, William W. (Mr.)			00088123		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
		\$2.37	02/12/2024					
7	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		CIRCLE K		TX				
8	PURPOSE OF	(a) Category		(b) Descri	ntion			
ľ	EXPENDITURE	(See Categories listed at the top	of this schedule)	Coffee	puon			
	X Political	Food/Beverage Expe	nse					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living ex	xpense	
9	Complete ONLY if direct	Candidate/Officeholder		e sought		Office held		
ex	penditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
		\$0.25	02/16/2024					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		San Antonio Expres	SS					
				TX				
┝	PURPOSE OF	(a) Category		(b) Descri	ption			
	EXPENDITURE	(See Categories listed at the top		Subscrip				
	X Political	Office Overhead/Rent	tal Expense					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living ex	xpense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	_	Office held		
ex	kpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
		\$3.49	02/19/2024					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Sunoco						
				TX				
\vdash	PURPOSE OF	(a) Category		(b) Descri	ption			
	EXPENDITURE	(See Categories listed at the top	· ·	Water				
	X Political	Food/Beverage Expe	nse					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin. TX	, officeholder living ex	xpense	
	Complete ONLY if direct	Candidate/Officeholder	·	e sought		Office held	· -	
ex	kpenditure 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 Inst	ruction Guide explains how	to complete	this form.	(9-	,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)
Sch: 12/16 Rpt: 26/31	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		
	\$37.59	02/21/2024					
7 PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	The Pit Room						
	(a) Catagoni		TX	***			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	DUON			
l <u> </u>	Food/Beverage Expe		Lunch				
X Political							
Non-Political	1 (*) –	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(a) Data(a)	Cradit Card Issue	r Doid		
PATMENT	(a) Amount Charged	1	(c) Date(s)	Credit Card Issue	i Paiu		
	\$21.30	02/22/2024					
PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code
	City Market						
			TX				
PURPOSE OF	(a) Category		(b) Descrip	otion			
EXPENDITURE	(See Categories listed at the top		Lunch				
X Political	Food/Beverage Expe	iise					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense	
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		
	\$17.84	02/22/2024					
PAYEE	(a) Payee name	l	(b) Payee	address;	City,	State,	Zip Code
	Mana Manaiala						
	Mama Margie's						
			TX				
PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodula)	(b) Descrip	otion			
EXPENDITURE	Food/Beverage Exper		Dinner				
X Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense	
Complete ONLY if direct 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

Carididate/Officeriolder/Folitica		ruction Guide explains hov		omplete th		TTIEN (enter a catego	ly not listed at	bove)
1 Total pages Schedule F4:	2 FILER NAME					3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 13/16 Rpt: 27/31	Burch, William W. (Mr.)				00088123		
4 CREDIT CARD ISSUER		ncial institution revious	5	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c)	Date(s) C	Credit Card Issue	r Paid		
	\$900.00	02/23/2024						
7 PAYEE	(a) Payee name		(b)) Payee ad	ddress;	City,	State,	Zip Code
	TextByChoice							
	() 0 :		T)					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	1 ` ′) Descripti ext Mess				
l <u> </u>	Advertising Expense	,	16	ext Mess	ayiriy			
X Political								
Non-Political	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	ce so	ugnt		Office held		
expenditure to benefit C/OH	(a) Amount Charged	(b) Data of Chargo	(0)	Doto(a) (Stadit Card Issue	r Doid		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c)	Date(s) C	Credit Card Issue	i Paiu		
	\$101.70	02/23/2024						
PAYEE	(a) Payee name		(b)) Payee a	ddress;	City,	State,	Zip Code
	Quality Inn							
			T	X				
PURPOSE OF	(a) Category		(b)) Descripti	on			
EXPENDITURE	(See Categories listed at the top Travel In District	of this schedule)	Lo	odging				
X Political	Traver in District							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Г	Check if Austin, TX,	officeholder living exp	pense	
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) C	Credit Card Issue	r Paid		
	\$19.00	02/12/2024						
PAYEE	(a) Payee name	l	(b)) Payee ac	ddress;	City,	State,	Zip Code
	Jalapeno Tree							
	ј зајарено пее							
			T)					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)) Descripti	on			
l <u> </u>	Food/Beverage Expe	,	[unch				
X Political								
Non-Political	(1)	of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	ce so	ugnt		Office held		
S.portalitato to benefit 0/011								

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		nplete th		TTIEN (enter a catego	ny not listeu a	bove)
1 Total pages Schedule F4:	2 FILER NAME					3 Filer ID (Eth	ics Commiss	sion Filers)
Sch: 14/16 Rpt: 28/31	Burch, William W. (Mr.)				00088123		
4 CREDIT CARD ISSUER		ncial institution revious	E	XPEND	F UNITEMIZED ITURES D TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) [Date(s) C	Credit Card Issue	r Paid		
	\$31.00	02/13/2024						
7 PAYEE	(a) Payee name	•	(b) I	Payee ac	ddress;	City,	State,	Zip Code
	Stanley's Famous F	Pit						
0. PUPPOSE OF	(a) Catagon		TX		<u> </u>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	1	Descripti Iner	OH			
l <u> </u>	Food/Beverage Expe	nse		IIICI				
X Political	L. —				_			
Non-Political	`	of Texas. Complete Schedule T.		<u> </u>	Check if Austin, TX,	officeholder living ex	pense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Onic	ce sou	ynı		Office field		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) [Data(s) (Credit Card Issue	r Daid		
FAIMENI	\$391.00	02/14/2024		Jaie(s) C	Jedit Card 133de	raiu		
	φ391.00	02/14/2024						
PAYEE	(a) Payee name	I	(b) I	Payee ac	ddress;	City,	State,	Zip Code
	TextByChoice							
			TX					
PURPOSE OF	(a) Category		(b) I	Descripti	on			
EXPENDITURE	(See Categories listed at the top	of this schedule)	Tex	kt Mess	aging			
X Political	Advertising Expense							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living ex	pense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	ce sou	ght		Office held		
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) I	Date(s) C	Credit Card Issue	r Paid		
	\$5.07	02/15/2024						
PAYEE	(a) Payee name	l	(b) I	Payee ac	ddress;	City,	State,	Zip Code
	Lawala							
	Lowe's							
			TX					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	` ′	Descripti				
l <u> </u>	Advertising Expense	or and compagney	Sul	perGlue	!			
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 sou	ght		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 Inst	ruction Guide explains how	to complete th	nis form.		,,	,	
1 Total pages Schedule F4:	2 FILER NAME					3 Filer ID (Ethics Commission Filers)		
Sch: 15/16 Rpt: 29/31	Burch, William W. (00088123				
4 CREDIT CARD ISSUER	Name of final	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			
	\$17,718.92	02/15/2024						
7 PAYEE	(a) Payee name Bergman Caughman & Townsend		(b) Payee a 448 W 19t	h St #241	City,	State,	Zip Code	
	() 0 :	Houston, TX 77002						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	(b) Description February Invoice + Liz Townsend Mileage Report						
	Consulting Expense	, , , , , , , , , , , , , , , , , , ,	February i	nvoice + Liz 10	wriseriu ivillea	ige Report		
X Political								
Non-Political	(C) Check if travel outside	Check if Austin, TX, officeholder living expense						
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			
	\$1,424.94	02/19/2024						
PAYEE	(a) Payee name M3 GRAPHICS INC		(b) Payee a	ddress;	City,	State,	Zip Code	
			TX					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top of this schedule)		Printed Materials					
X Political	Advertising Expense							
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	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			
	\$740.40	02/22/2024						
PAYEE	(a) Payee name	l	(b) Payee a	ddress;	City,	State,	Zip Code	
	J&N Enterprises, Inc.							
			TX					
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Descript	ion				
EXPENDITURE			Printed Ma	aterials				
X Political	Advertising Expense							
Non-Political	(c) Check if travel outside	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	<u> </u>	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

Candidate/Officeholder/Politica	al Committee Legal Serv	ices S	alaries/Wages/Co	ontract Labor (OTHER (enter a catego	ry not listed at	oove)	
		ruction Guide explains hov	w to complete	this form.				
1 Total pages Schedule F4:		1	3 Filer ID (Ethics Commission Filers)					
Sch: 16/16 Rpt: 30/31	Burch, William W. (00088123				
4 CREDIT CARD				5 TOTAL OF UNITEMIZED				
ISSUER				IDITURES SED TO A CREDI	_⊤ \$			
			CARD					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issu	er Paid			
	\$2.37	02/22/2024						
7 PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
	CIRCLE K							
			TX					
8 PURPOSE OF	(a) Category	(b) Descrip	ption					
EXPENDITURE	(See Categories listed at the top		Coffee					
X Political	Food/Beverage Expe	iise						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	K, officeholder living ex	pense		
9 Complete ONLY if direct	Candidate/Officeholder	<u> </u>	ce sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issu	er Paid			
	\$63.40	02/23/2024						
	Ψ00.40	02/20/2024						
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
	LA Barbecue							
			TX					
PURPOSE OF	(a) Category	(b) Descrip	ption					
EXPENDITURE	(See Categories listed at the top of this schedule) Food/Beverage Expense		Lunch					
X Political	T Ood/Deverage Exper	1130						
Non-Political	(c) Check if travel outside		Check if Austin, TX	K, officeholder living ex	pense			
Complete ONLY if direct	Candidate/Officeholder	ce sought		Office held				
expenditure to benefit C/OH								

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: 31/31 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 02/23/2024 Regions Bank \$0.10 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