CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comple	te this form. 1 Filer ID (Ethics Commission Filers) 00088123			2 Total pages filed: 19		
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY	
OFFICEHOLDER NAME	Mr.	William W.			Date Received		
					ELECTRONIC	CALLY FILED	
	NICKNAME	LAST		SUFFIX	07/14/2024		
	THORW WILL	Burch		331117			
4 CANDIDATE /	ADDDESS / DO BOY: ADT	ACUITE # CIT	V.	ZIP CODE	Date Hand-delivered	or Date Postmarked	
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / 216 Apple Tree	SUITE#; CIT	Ι,	ZIP CODE	Bate Hara delivered	Tor Bate F ostinarica	
MAILING ADDRESS	210 Apple Tree				Receipt #	Amount	
Change of Address	Livingston, TX 77351						
					Date Processed		
					Date Imaged		
5 CAMPAIGN TREASURER		FIRST		MI			
NAME	Mr.	Jason A.					
	NICKNAME	LAST		SUFFIX			
		Kroger					
		· ·					
6 CAMPAIGN	STREET ADDRESS (NO PO I	BOX PLEASE);	AP	Γ / SUITE #; CITY	; S1	TATE; ZIP CODE	
TREASURER ADDRESS	10 Wildever Place						
(Residence or Business)							
(Nesidefice of Business)	The Woodlands, TX 77382						
7 CAMPAIGN	AREA CODE PHON	E NUMBER E	EXTENSION				
TREASURER	(832) 833-6361						
PHONE	(,						
8 REPORT		_		_			
TYPE	January 15	30th day before	election	Runoff		campaign treasurer fficeholder only)	
	X July 15	8th day before	election	Exceeded modified		ttach C/OH-FR)	
		1		reporting limit		,	
9 PERIOD	Month Day Year			Month Day	Year		
COVERED	02/25/2024	TH	IROUGH	06/30/20	24		
		-					
10 ELECTION	ELECTION DATE Month Day Year		rim on t	ELECTION TYPE Runoff	Other		
	03/05/2024		rimary	Kulloli	Other		
	00/00/2021	□G	eneral	Special			
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGH	T (if known)		
	Railroad Commissioner						
		GO T	O PAGE 2				
I							

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 19

13 C / OH NAME	Burch, William W. (M	r.)	14 Filer ID 00088123	(Ethics Com	mission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendi These expenditures may have been made withou d officeholders are required to report this information	t the candidate's or offic	eholder's kno	wledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	X GENERAL	Texas AFL-CIO State COPE Fund			
	SPECIFIC	PO Box 12727			
		Austin, TX 78711			
		COMMITTEE CAMPAIGN TREASURER NAME			
		Aguilar, Leonard			
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS		
		COMMITTEE OF WILL FROM THE ROOKER FOR THE			
		TX			
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THATES OF LOANS, OR CONTRIBUTIONS MADE ELI		\$	0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	IS)	\$	1,349.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES				0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$	43,373.46
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$	0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	S OF THE LAST DAY	\$	97,535.66
17 AFFIDAVIT	<i>:</i>			•	
		I swear, or affirm, under penal true and correct and includes under Title 15, Election Code.	all information required	companying to be reported	report is d by me
		Ma	Millions M. Durals		
			William W. Burch	ldor	
		Signature t	of Candidate or Officeho	nuer	
AFFIX NO	TARY STAMP / SEAL AB	OVE			
		aid	, this the		_ day
of	, 20, to ce	ertify which, witness my hand and seal of office.			
Signature of office	cer administering	Printed name of officer administering	Title of office	r administerii	ng oath
i					

SUBTOTALS - C/OH

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

				3 of 19					
18 FILER I Burch,	IAME William W. (Mr.)	19 Filer ID 00088123	(Ethics	s Commission Filers)					
	20 SCHEDULE SUBTOTALS NAME OF SCHEDULE								
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,349.00					
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$						
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$						
4.	SCHEDULE E: LOANS		\$						
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	21,553.67					
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	21,318.86					
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$						
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	500.93					
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. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	18.22					

	MONET	ARY POLITICAL CONTRI	IBUTION	S		SCHEDUI	LE A1
	The Instruc	ction Guide explains how to compl	ete this form	n.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/19	
2	FILER NAME Burch, Willia	m W. (Mr.)			3	Filer ID (Ethics Commission 00088123	on Filers)
4	Date 03/21/2024	 Full name of contributor out-of-state out-of-st)	7	Amount of Contribution (\$)	\$40.00
8	Principal occu	Hilltop Lakes, TX 77871 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> s)		
	Date 02/28/2024	Raybuck, Susan		Retired		Amount of Contribution (\$)	\$20.00
	Principal occu Not Employe	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed	5)		
	Date 03/20/2024	Full name of contributor out-of-state Stark, Susan Contributor address; City; State; Zip Code	te PAC (ID#:)	•	Amount of Contribution (\$)	\$5.00
	Principal occu	Wharton, TX 77488 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Registered N	lurse		Gulf Coast Medical Cen	ter		
	Date 03/01/2024	Stokes Hilton, Lee)		Amount of Contribution (\$)	\$250.00
	Principal occu Not Employe	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed	5)		
	Date 02/27/2024	Full name of contributor out-of-state Texas AFL-CIO State COPE Fund Contributor address; City; State; Zip Code	te PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			l				

	MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/19
2	FILER NAME Burch, William W. (Mr.)	3 Filer ID (Ethics Commission Filers) 00088123
4	Date 03/16/2024 5 Full name of contributor out-of-state PAC (ID#: Tomlinson, Rober 6 Contributor address; City; State; Zip Code	7 Amount of Contribution (\$) \$4
	Friendswood, TX 77546	
8	Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Not Employed Not Employed	uctions)
	Date Full name of contributor out-of-state PAC (ID#:	_) Amount of Contribution (\$) \$30
	Katy, TX 77450 Principal occupation / Job title (See Instructions) Not Employed Not Employed	uctions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)								
	Sch: 1/3 Rpt: 6/19	Burch, William W. (Mr.) 00088123								
4	Date	Payee name								
	06/21/2024	Burch, William								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$9.60	216 Apple Tree								
		Livingston, TX 77351								
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense								
		Loan Repayment								
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/O									
	Date	Payee name								
	05/21/2024	Burch, William								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$9.60	216 Apple Tree								
		Livingston, TX 77351								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Loan Repayment/Reimbursement								
	EXI ENDITORE	Check if Austin, TX, officeholder living expense Loan Repayment								
		Loan Repayment								
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/O									
	Date	Payee name								
	03/28/2024	Chase Bank								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$18,519.28									
		тх								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.								
	EXPENDITORE	Check if Austin, TX, officeholder living expense								
		Credit Card #5124								
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/O									

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

Credit Card Payment	The Instruction Guide explains how to complete this	, , , , , , , , , , , , , , , , , , , ,
1 Total pages Sched	ule F1: 2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 2/3 Rpt: 7	7/19 Burch, William W. (Mr.)	00088123
4 Date	5 Payee name	·
04/29/2024	Chase Bank	
6 Amount (\$) \$1,5	7 Payee address; City; State; Zip Code TX	
8 PURPOSE OF EXPENDITURE		ription neck if travel outside of Texas. Complete Schedule T. neck if Austin, TX, officeholder living expense Se Card #5124
Complete ONLY if expenditure to ben		Office held
Date	Payee name	
04/24/2024	Regions Bank	
Amount (\$) \$	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE		ription neck if travel outside of Texas. Complete Schedule T. neck if Austin, TX, officeholder living expense mum Monthly Balance Fee
Complete ONLY if expenditure to ben		Office held
Date	Payee name	
05/24/2024	Regions Bank	
Amount (\$)	Payee address; City; State; Zip Code	
	TX	
PURPOSE OF EXPENDITURE	Tees	ription neck if travel outside of Texas. Complete Schedule T. neck if Austin, TX, officeholder living expense mum Monthly Balance Fee
Complete ONLY if expenditure to ben		Office held

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/Political Committ Credit Card Payment			mmittee	Gift/Awa Legal Se	verage Expense Irds/Memorials Ex ervices struction Guid			pense ages/	Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)	
1	Total pages Schedule F1:	2								3	Filer ID	(Ethics Commission Filers))
L	Sch: 3/3 Rpt: 8/19		Burch, Wil		(Mr.)						00088123		
4	Date	5	Payee name										
L	06/03/2024		William Bu										
6	Amount (\$)	7	Payee addr		City;	State;	Zip Coo	de					
	\$1,402.57		216 Apple	ree									
			Livingston	, TX 77:	351								
8	PURPOSE OF	(a)			ories listed at the		edule)	(b)	Description				
	EXPENDITURE		Loan Repa	ayment/	'Reimburser	ment					de of Texas. Comp officeholder living		
									그 Repayment				
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Of	ficehold	er name	C	Office soug	ght			Office he	eld	

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: 1/7 Rpt: 9/19 Burch, William W. (Mr.) 00088123 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 02/29/2024 Burch, William Amount (\$) Payee address; City; State; Zip Code \$104.09 216 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 February Expense Report (Fairfield Inn) 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/29/2024 Burch, William Payee address: Amount (\$) City; State; Zip Code \$115.27 216 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 February Expense Report (Sheraton Hotel) 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: 2/7 Rpt: 10/19 Burch, William W. (Mr.) 00088123 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 02/29/2024 Burch, William Amount (\$) Payee address; City; State; Zip Code \$109.28 216 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 February Expense Report (Fairfield Inn) 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/29/2024 Burch, William 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 February Expense Report (T-Mobile) 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: 3/7 Rpt: 11/19 Burch, William W. (Mr.) 00088123 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 02/29/2024 Burch, William Amount (\$) Payee address; City; State; Zip Code \$8,000.00 216 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. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense February Expense Report (Bergman, Caughman, Townsend LLC) 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/29/2024 Burch, William Amount (\$) Payee address; City; State; Zip Code \$4,997.45 216 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 (February) 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: 4/7 Rpt: 12/19 Burch, William W. (Mr.) 00088123 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 02/29/2024 Burch, William Amount (\$) Payee address; City; State; Zip Code \$45.61 216 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 (February 2024) 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/29/2024 Burch, William Payee address: Amount (\$) City; State; Zip Code \$106.57 216 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 (February 2024) 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: 5/7 Rpt: 13/19 Burch, William W. (Mr.) 00088123 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 03/31/2024 Burch, William Amount (\$) Payee address; City; State; Zip Code \$125.85 216 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 March Expense Report (Sheraton Hotel) 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/31/2024 Burch, William Amount (\$) Payee address; City; State; Zip Code \$6,349.60 216 Apple Tree Livingston, TX 77351 **TYPE OF** Political Non-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. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense March Expense Report (Bergman, Coachman, Townsend LLC) 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: 6/7 Rpt: 14/19 Burch, William W. (Mr.) 00088123 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 03/31/2024 Burch, William Amount (\$) Payee address; City; State; Zip Code \$862.96 216 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 Mileage (March 2024) 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/31/2024 Burch, William Payee address: Amount (\$) City; State; Zip Code \$19.14 216 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 Harris County Toll Road Authority (March 2024) 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: 7/7 Rpt: 15/19 Burch, William W. (Mr.) 00088123 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 06/30/2024 Burch, William Amount (\$) Payee address; City; State; Zip Code \$40.00 216 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. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense June Expense Report (Ticket Polk County **Democrats Summer Celebration)** 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/30/2024 Burch, William Amount (\$) Payee address; City; State; Zip Code \$356.04 216 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 (June 2024) Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD

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

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

The Inst	ruction Guide explains how	to complete	e this form.	, ,		,
2 FILER NAME				3 Filer ID (Eth	nics Commiss	sion Filers)
Burch, William W. (Mr.)	00088123				
		EXPE CHAR	NDITURES GED TO A CREDIT	\$		
AYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Cre						
\$77.05	02/28/2024					
(a) Payee name LA QUINTA INN &	SUITES	(b) Payee	e address;	City,	State,	Zip Code
(a) Category		(b) Descr	ription			
	of this schedule)	Lodging	l			
Traver in District						
(c) Check if travel outside	of Texas. Complete Schedule T.	I .	Check if Austin, TX,	officeholder living ex	rpense	
Candidate/Officeholder	name Offic	e sought		Office held		
(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
\$1.07	02/29/2024					
(a) Payee name		(b) Paye	e address;	City,	State,	Zip Code
Fort Worth Star Tel	egram					
() 5						
	of this schedule)					
Advertising Expense	or this somedule)			otion for Camp	aign	
(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living ex	rpense	
Candidate/Officeholder	name Offic	e sought		Office held		
(a) Amount Charged \$97.87	(b) Date of Charge 02/29/2024	(c) Date(s	s) Credit Card Issue	r Paid		
(a) Payee name	ı	(b) Paye	e address;	City,	State,	Zip Code
KG BBQ						
		TX				
(a) Category		(b) Descr	ription			
1 '	,	Campai	gn Team Lunch			
. Jour Develage Expen						
(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	rpense	
Candidate/Officeholder	name Offic	e sought		Office held		
	2 FILER NAME Burch, William W. (Name of final Chass (a) Amount Charged \$77.05 (a) Payee name LA QUINTA INN & (a) Category (See Categories listed at the top Travel In District (c) Check if travel outside Candidate/Officeholder (a) Amount Charged \$1.07 (a) Payee name Fort Worth Star Tel (a) Category (See Categories listed at the top Advertising Expense (c) Check if travel outside Candidate/Officeholder (a) Amount Charged \$97.87 (a) Payee name KG BBQ (a) Category (See Categories listed at the top Food/Beverage Expense) (c) Check if travel outside	PILER NAME Burch, William W. (Mr.) Name of financial institution Chase Bank (a) Amount Charged \$77.05 (b) Date of Charge \$77.05 Q2/28/2024 (a) Payee name LA QUINTA INN & SUITES (a) Category (See Categories listed at the top of this schedule) Travel In District (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name Office (a) Amount Charged \$1.07 Q2/29/2024 (a) Payee name Fort Worth Star Telegram (a) Category (See Categories listed at the top of this schedule) Advertising Expense (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name Office (a) Amount Charged \$97.87 Q2/29/2024 (b) Date of Charge \$97.87 Q2/29/2024 (a) Payee name KG BBQ (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name Cofficeholder Payee Name KG BBQ (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	2 FILER NAME Burch, William W. (Mr.) Name of financial institution Chase Bank (a) Amount Charged \$77.05 (b) Date of Charge (c) Date(\$77.05 (c) Date(CARD (d) Payee name LA QUINTA INN & SUITES TX (a) Category (See Categories listed at the top of this schedule) Travel In District (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name (b) Payer (c) Date(CODATE(CARD (d) Payee name (d) Date of Charge (e) Date(CODATE(CARD CARD CARD CARD CARD CARD CARD CARD	Burch, William W. (Mr.) Name of financial institution Chase Bank (a) Amount Charged \$77.05 (b) Date of Charge CHARGED TO A CREDIT CARD (c) Date(s) Credit Card Issue (d) Payee name LA QUINTA INN & SUITES TX (a) Category Csee Categories listed at the top of this schedule) Travel In District (b) Description Lodging (c) Date(s) Credit Card Issue (d) Description Csee Categories listed at the top of this schedule T. Candidate/Officeholder name Office sought (a) Amount Charged S1.07 (b) Date of Charge Cylzey/2024 (c) Date(s) Credit Card Issue (d) Payee address; TX (a) Category Csee Categories listed at the top of this schedule T. Candidate/Officeholder name Office sought TX (a) Category Csee Categories listed at the top of this schedule) Advertising Expense (b) Payee address; TX (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name Office sought (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name Office sought (a) Amount Charged S97.87 O2/29/2024 (b) Date(s) Credit Card Issue S97.87 O2/29/2024 (c) Date(s) Credit Card Issue Check if Austin, TX. (a) Category Csee Categories listed at the top of this schedule) TX (a) Category Csee Categories listed at the top of this schedule) TX (a) Category Csee Categories listed at the top of this schedule) Campaign Team Lunch Campaign Team Lunch Check if Austin, TX.	2 FILER NAME Burch, William W. (Mr.) Name of financial institution Chase Bank (a) Amount Charged \$77.05 (b) Date of Charge (c) Date(s) Credit Card Issuer Paid (a) Payee name LA QUINTA INN & SUITES TX (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Date of Charge (c) Date(s) Credit Card Issuer Paid TX (b) Description Lodging (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name (b) Payee address; City, (c) Date(s) Credit Card Issuer Paid (d) Amount Charged (e) Date of Charge (f) Date(s) Credit Card Issuer Paid (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid (a) Payee name (b) Payee address; City, TX (a) Category (b) Payee address; City, (b) Description TX (c) Categories listed at the top of this schedule) Advertising Expense (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name (d) Date of Charge (e) Date(s) Credit Card Issuer Paid TX (a) Category (b) Description Newspaper Trial Subscription for Campannouncements (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name (d) Date of Charge (e) Date(s) Credit Card Issuer Paid (f) Date of Charge (g) Date(s) Credit Card Issuer Paid (g) Payee name (h) Payee address; City, Candidate/Officeholder name (o) Date(s) Credit Card Issuer Paid (o) Date(s) Credit Card Issuer Paid	2 FILER NAME Burch, William W. (Mr.) Name of financial institution Chase Bank Chase Bank Amount Charged \$77.05 (a) Amount Charged (b) Date of Charge Carponer State at the top of this schedule) Travel In District (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name Can Quizy29/2024 (a) Payee address; City, State, Check if Austin, TX, officeholder living expense Charge Trial Subscription Newspaper Trial Subscription for Campaign Announcements Cicy Check if travel outside of Texas. Complete Schedule T. TX (a) Category (b) Description Charged Sh.07 (c) Date(s) Credit Card Issuer Paid Check if Austin, TX, officeholder living expense Charge Trial Subscription for Campaign Announcements Cicy Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name Cicy Date(s) Credit Card Issuer Paid Cicy Categories listed at the top of this schedule) Advertising Expense Cicy Check if Iravel outside of Texas. Complete Schedule T. Candidate/Officeholder name Cicy Date(s) Credit Card Issuer Paid Cicy Date(s) Credit Card Is

EXPENDITURES MADE BY CREDIT CARD

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

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

	The Insti	ruction Guide explains how	to complete th	nis form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	nics Commiss	sion Filers)
Sch: 2/3 Rpt: 17/19	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 Issue	r Paid		
	\$20.00	0.00 03/04/2024					
7 PAYEE	PAYEE (a) Payee name (b) Payee address;					State,	Zip Code
	Spaghetti Western						
8 PURPOSE OF	(a) Category		TX (b) Descript	ion			
8 PURPOSE OF EXPENDITURE	(See Categories listed at the top	of this schedule)	Dinner	1011			
X Political	Food/Beverage Exper	nse	Billion				
Non-Political	(a) Chapte if traval autaids	of Toyon, Complete Cabadyla T	F	Charle if Austin TV	officebalder living a		
9 Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	<u>L</u> e sought	Check if Austin, TX,	Office held	cpense	
expenditure to benefit C/OH	Garialadio, Gillocifolder	That To	o oodgiit		Omoo noid		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$35.88	02/28/2024					
PAYEE	(b) Payee a	ddress;	City,	State,	Zip Code		
	Smitty's Market						
			TX				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top		(b) Description Lunch				
X Political	Food/Beverage Exper	nse					
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	ice sought Office held				
expenditure to benefit C/OH			_				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$2.25	02/28/2024					
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Smitty's Market						
	Smilly S Market						
			TX				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript	ion			
X Political	Food/Beverage Exper	,	Lunch				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	 Г	Check if Austin, TX,	officeholder living ex	xpense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	_	Office held		
expenditure to benefit C/OH							

EXPENDITURES MADE BY CREDIT CARD

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

Candidate/Officenoider/Politica	-	ruction Guide explains how	to complete this form.	OTHER (enter a cate	gory not listed al	pove)
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Et	thics Commiss	sion Filers)
Sch: 3/3 Rpt: 18/19	Burch, William W. (Mr.)		00088123		
4 CREDIT CARD ISSUER	Name of final	ncial institution	5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CRED CARD	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid		
	\$116.61	02/29/2024				
7 PAYEE	(a) Payee name LA QUINTA INN &	SUITES	(b) Payee address;	City,	State,	Zip Code
8 PURPOSE OF	(a) Category		(b) Description			
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.	Check if Austin,	ΓX, officeholder living ε	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 Issu	uer Paid		
	\$125.20	03/01/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	HYATT PLACE					
	(a) Cataman		TX			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Lodging			
	Travel In District	•	Louging			
X Political						
Non-Political	(*) —	of Texas. Complete Schedule T.		TX, officeholder living e	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid		
	\$25.00	03/05/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Ctorbuoko					
	Starbucks		TX			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top		Drinks			
X Political	Food/Beverage Expe	1120				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin,	ΓX, officeholder living ε	expense	
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Office held		
expenditure to benefit C/OH						

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

CCL	FD		_	k
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	The Instruction Guide explains how to complete this form.				otal pages Schedule K: ich: 1/1 Rpt: 19/19	
2				3 Filer II	ID (Ethics Commission Filers)	
l				00088123		
┰	Date	Name of person from whom amount is	received	<u> </u>	8 Amount (\$)	
ľ	03/25/2024	Regions Bank	000,100		γ unount (φ)	\$0.18
l	00/20/2024	-				Ψ0.10
l		Address of person from whom amount	s received, City, State, Zip Code			
l						
l		TX				
l			Observition	-11411		
l		7 Purpose for which amount is received				
⊨					-	
l	Date	Name of person from whom amount is	received		Amount (\$)	
l	04/03/2024 Regions Bank				\$0.03	
l		Address of person from whom amount is received; City; State; Zip Code				
l						
l						
l		TX				
l	Purpose for which amount is received Check if political co		olitical con	tribution returned to filer		
Г	Date Name of person from whom amount is received		Amount (\$)			
l	05/24/2024 Regions Bank				\$0.01	
l	Address of person from whom amount is received; City; State; Zip Code					
l						
l						
l		TX				
l		Purpose for which amount is received	Check if po	olitical con	ribution returned to filer	
l						
F	Date Name of person from whom amount is received				Amount (\$)	
l	05/30/2024 Regions Bank				\$18.00	
l	Address of person from whom amount is received; City; State; Zip Code					
l	Address of person from whom amount is received, City, State, 2:p Code					
l						
l		TX				
l		Purpose for which amount is received	☐ Check if po	olitical con	ribution returned to filer	
l	Refund for Minimum Monthly Balance Fee					
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