CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS (MR) | FIRST: TIMOTHY | MI: W.
NICKNAME: MR. | LAST: BURCH | SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX: [redacted] | APT / SUITE #: | CITY: [redacted], TX | STATE: | ZIP CODE: 75077

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE | PHONE NUMBER: [redacted] | EXTENSION

6 CAMPAIGN TREASURER NAME

(MS) / MRS / MR | FIRST: THERESA | MI:
NICKNAME | LAST: KRAEMER | SUFFIX:

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): [redacted] | APT / SUITE #: | CITY: [redacted], TX | STATE: | ZIP CODE: 76262

8 CAMPAIGN TREASURER PHONE

AREA CODE | PHONE NUMBER: [redacted] | EXTENSION

OFFICE USE ONLY

Date Received: RECEIVED JUL 16 2018 DENTON COUNTY ELECTIONS by

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

9 REPORT TYPE

- ☐ January 15
- ☐ 30th day before election
- ☐ Runoff
- ☐ 15th day after campaign treasurer appointment (Officeholder Only)
- ☒ July 15
- ☐ 8th day before election
- ☐ Exceeded $500 limit
- ☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month / Day / Year: 01 / 16 / 18 THROUGH 07 / 15 / 18

11 ELECTION

N/A

ELECTION DATE: Month / Day / Year: N/A

ELECTION TYPE: ☐ Primary ☐ Runoff ☐ Other Description ☐ General ☐ Special — N/A

12 OFFICE

OFFICE HELD (if any): DENTON COUNTY CONSTABLE PCT. 4

13 OFFICE SOUGHT (if known): N/A

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. *THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.* CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

☐ Additional Pages

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME: N/A

COMMITTEE ADDRESS: N/A

COMMITTEE CAMPAIGN TREASURER NAME: N/A

COMMITTEE CAMPAIGN TREASURER ADDRESS: N/A

17 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ ITEMIZED
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 13,400.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$ ITEMIZED
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 12,990.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 2013.85
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 12,830.00

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

RUTH ANNE CLARK
Notary Public-State of Texas
Notary ID #12673925-2
Commission Exp. DEC. 01, 2020

AFFIX NOTARY STAMP / SEALABOVE

Sworn to and subscribed before me, by the said TIMOTHY BURCH, this the 16TH day of July, 2018, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
Ruth Anne Clark	RUTH ANNE CLARK	NOTARY PUBLIC

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☐ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$13,400.00
2.	☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ N/A
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	$ N/A
4.	☐ SCHEDULE E: LOANS	$14,000.00
5.	☐ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$12,090.00
6.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$ N/A
7.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$ N/A
8.	☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$ N/A
9.	☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ N/A
10.	☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$ N/A
11.	☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ N/A
12.	☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$ N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME: TIMOTHY WAYNE BURCH

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / out-of-state PAC (ID#:)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
03/27/18	JODY A. SMITH	[redacted] FLOWER MOUND, TEXAS 75022	$5000.00	SELF	SELF
03/27/18	JASON W. HABY	[redacted] DALLAS, TX 75238	$200.00	SELF	SELF
05/04/18	G.T. PRODUCTS (REFUNDED)	[redacted] GRAPEVINE, TX 76051	$1600.00	SELF	SELF
06/10/18	RYAN G. WILLIAMS AMBER N. WILLIAMS	[redacted] WESTLAKE, TX 76262	$5000.00	SELF	SELF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME
TIMOTHY WAYNE BURCH

3 Filer ID (Ethics Commission Filers)

4 Date
06/20/18

5 Full name of contributor ☐ out-of-state PAC (ID#:________)
CARY MELLEMA

6 Contributor address; City; State; Zip Code
[redacted] AURORA, TX 76078

7 Amount of contribution ($)
$1600.00

8 Principal occupation / Job title (See Instructions)
PRESIDENT/CEO

9 Employer (See Instructions)
SELF

Date

Full name of contributor ☐ out-of-state PAC (ID#:________)

Contributor address; City; State; Zip Code

Amount of contribution ($)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#:________)

Contributor address; City; State; Zip Code

Amount of contribution ($)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#:________)

Contributor address; City; State; Zip Code

Amount of contribution ($)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A2:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	$

5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:_____) 7 Contributor address; City; State; Zip Code	8 Amount of Contribution $	9 In-kind contribution description ☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) Contributor address; City; State; Zip Code	Amount of Contribution $	In-kind contribution description ☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL) (See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.	1 Total pages Schedule B:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED PLEDGES	$

5 Date	6 Full name of pledgor ☐ out-of-state PAC (ID#:__________) 7 Pledgor address; City; State; Zip Code	8 Amount of Pledge $	9 In-kind contribution description ☐ Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor ☐ out-of-state PAC (ID#:__________) Pledgor address; City; State; Zip Code	Amount of Pledge $	In-kind contribution description ☐ Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor ☐ out-of-state PAC (ID#:__________) Pledgor address; City; State; Zip Code	Amount of Pledge $	In-kind contribution description ☐ Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor ☐ out-of-state PAC (ID#:__________) Pledgor address; City; State; Zip Code	Amount of Pledge $	In-kind contribution description ☐ Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME: TIMOTHY WAYNE BURCH

3 Filer ID (Ethics Commission Filers):

4 TOTAL OF UNITEMIZED LOANS: $14,000.00

Loan 1

5 Date of loan: 01/25/18

7 Name of lender: ☐ out-of-state PAC (ID#:) DEBBIE MILLER

9 Loan Amount ($): $10,000.00

6 Is lender a financial Institution? Y (N)

8 Lender address; City; State; Zip Code: 1124 SHERWOOD DR. BEDFORD, TX. 76022

10 Interest rate: N/A

11 Maturity date: N/A

12 Principal occupation / Job title (See Instructions): TELEMARKETING MANAGER

13 Employer (See Instructions): SELF

14 Description of Collateral: ☒ none

15 Check if personal funds were deposited into political account (See Instructions): ☐

16 GUARANTOR INFORMATION: N/A ☐ not applicable

17 Name of guarantor: N/A

18 Guarantor address; City; State; Zip Code: N/A

19 Amount Guaranteed ($): N/A

20 Principal Occupation (See Instructions): N/A

21 Employer (See Instructions): N/A

Loan 2

Date of loan: 02/05/18

Name of lender: ☐ out-of-state PAC (ID#:) TIMOTHY WAYNE BURCH

Loan Amount ($): $4000.00

Is lender a financial Institution? Y (N)

Lender address; City; State; Zip Code: 165 CREEKSIDE DR. DOUBLE OAK, TX 75077

Interest rate: N/A

Maturity date: N/A

Principal occupation / Job title (See Instructions): CONSTABLE PCT 4

Employer (See Instructions): DENTON COUNTY

Description of Collateral: ☐ none

Check if personal funds were deposited into political account (See Instructions): ☐

GUARANTOR INFORMATION: N/A ☐ not applicable

Name of guarantor: N/A

Guarantor address; City; State; Zip Code: N/A

Amount Guaranteed ($): N/A

Principal Occupation (See Instructions): N/A

Employer (See Instructions): N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
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 Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	TIMOTHY WAYNE BURCH	

4 Date	5 Payee name
02/01/18	CANDACE-SIMON BURCH / FRONTIER

6 Amount ($)	7 Payee address; City; State; Zip Code
$500.00	165 CREEKSIDE DR. DOUBLE OAK, TX 75077

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	CONSULTING EXPENSE	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense RECURRING

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	N/A	N/A	

Date	Payee name
03/01/18	CANDACE - SIMON BURCH

Amount ($)	Payee address; City; State; Zip Code
$500.00	165 CREEKSIDE DR. DOUBLE OAK, TEXAS 75077

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	CONSULTING EXPENSE	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense RECURRING

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	N/A	N/A	

Date	Payee name
04/01/18	CANDACE - SIMON BURCH

Amount ($)	Payee address; City; State; Zip Code
$500.00	165 CREEKSIDE DR. DOUBLE OAK, TX 75077

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	CONSULTING EXPENSE	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense RECURRING

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	N/A	N/A	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
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 Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:

2 FILER NAME: TIMOTHY WAYNE BURCH

3 Filer ID (Ethics Commission Filers)

4 Date: 05/01/18

5 Payee name: CANDACE SIMON-BURCH

6 Amount ($): $500.00

7 Payee address; City; State; Zip Code: 165 CREEKSIDE DR. DOUBLE OAK, TX 75077

8 PURPOSE OF EXPENDITURE

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

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
RECURRING

9 Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name: N/A
Office sought: N/A
Office held:

Date: 06/01/18

Payee name: CANDACE SIMON-BURCH

Amount ($): $500.00

Payee address; City; State; Zip Code: 165 CREEKSIDE DR. DOUBLE OAK, TX 75077

PURPOSE OF EXPENDITURE

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

Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
RECURRING

Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name: N/A
Office sought: N/A
Office held:

Date: 07/01/18

Payee name: CANDACE SIMON-BURCH

Amount ($): $500.00

Payee address; City; State; Zip Code: 165 CREEKSIDE DR. DOUBLE OAK, TX. 75077

PURPOSE OF EXPENDITURE

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

Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
RECURRING

Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name: N/A
Office sought: N/A
Office held:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
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 Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME: TIMOTHY WAYNE BURCH	3 Filer ID (Ethics Commission Filers)

4 Date	5 Payee name	
03/29/18	DEBBIE MILLER	
6 Amount ($)	**7 Payee address; City; State; Zip Code**	
$4000.00	1124 SHERWOOD DR BEDFORD, TEXAS 76022	
8 PURPOSE OF EXPENDITURE	**(a) Category** (See Categories listed at the top of this schedule): LOAN REPAYMENT	**(b) Description**: ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense. N/A
9 Complete ONLY if direct expenditure to benefit C/OH	**Candidate / Officeholder name**: N/A	**Office sought**: N/A — **Office held**

Date	Payee name	
03/31/18	DEBBIE MILLER	
Amount ($)	**Payee address; City; State; Zip Code**	
$500.00	1124 SHERWOOD DRIVE BEDFORD, TEXAS 76022	
PURPOSE OF EXPENDITURE	**Category** (See Categories listed at the top of this schedule): LOAN REPAYMENT	**Description**: ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense. N/A
Complete ONLY if direct expenditure to benefit C/OH	**Candidate / Officeholder name**: N/A	**Office sought**: N/A — **Office held**

Date	Payee name	
04/29/18	DEBBIE MILLER	
Amount ($)	**Payee address; City; State; Zip Code**	
$400.00	1124 SHERWOOD DRIVE BEDFORD, TEXAS 76022	
PURPOSE OF EXPENDITURE	**Category** (See Categories listed at the top of this schedule): LOAN REPAYMENT	**Description**: ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense. N/A
Complete ONLY if direct expenditure to benefit C/OH	**Candidate / Officeholder name**: N/A	**Office sought**: N/A — **Office held**

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
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 Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME: Timothy Wayne Burch	3 Filer ID (Ethics Commission Filers)

4 Date	5 Payee name
05/03/18	Robson Ranch Republican Club

6 Amount ($)	7 Payee address; City; State; Zip Code
$160.00	9501 Ed Robson Blvd Denton, Texas 76207

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Food/Beverage Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense N/A

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	N/A	N/A	

Date	Payee name
05/16/18	Sign Central

Amount ($)	Payee address; City; State; Zip Code
$100.00	4831 Ripy Road Flower Mound, Texas 75028

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Printing Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense N/A

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	N/A	N/A	

Date	Payee name
05/18/18	Hess Meat Market

Amount ($)	Payee address; City; State; Zip Code
$1850.13	605 N. Mesquite Street Muenster, TX 76252

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Food / Beverage Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense N/A

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	N/A	N/A	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
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 Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	TIMOTHY WAYNE BURCH	

4 Date	5 Payee name
06/20/18	G.T. PRODUCTS

6 Amount ($)	7 Payee address; City; State; Zip Code
$1600.00	501 INDUSTRIAL BLVD. GRAPEVINE, TX. 76051

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	RETURN (REFUND) OF POLITICAL CONTRIBUTION	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense N/A

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name
04/20/18	CIRCLE R RANCH

Amount ($)	Payee address; City; State; Zip Code
$ 280.00	5901 CROSS TIMBERS ROAD FLOWER MOUND, TX 75022

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	FUNDRAISER FOOD/ BEVERAGE	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense N/A

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name
06/03/18	TIMOTHY WAYNE BURCH

Amount ($)	Payee address; City; State; Zip Code
$200.00	165 CREEKSIDE DR. DOUBLE OAK, TX 75077

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	LOAN REPAYMENT	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense N/A

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	N/A	N/A	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED