### CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Eth	ics Commission Filers)	2 Total pages filed:			OFFICE U	SE ONLY
00070273		39			Date Received	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	ELECTRONICAL	LY FILED
OFFICEHOLDER NAME	The Honorable	Dustin R.			01/17/2017	
	NICKNAME	LAST		SUFFIX		
		Burrows			Date Hand-delivered or D	Date Postmarked
4 ORIGINAL REPORT TYPE	X January 15	Runoff	Other	(specify)		
	July 15	Exceeded \$500 limi			Receipt #	Amount
	30th day before election	15th day after camp appointment (officel			Date Processed	
	8th day before election	Final Report (Attach	n C/OH-FR)			
5 ORIGINAL PERIOD COVERED	Month Day Yea	r THROUGH	Month Day	Year	Date Imaged	
	07/01/2016	Inkough	12/31/2016			
6 EXPLANATION OF C Received notification						
Received notification	alter report was med					
7 AFFIDAVIT						
			ear, or affirm, under correct.	penalty of perjur	y, that this corrected	report is true
		Chee	ck the box next to ar	ly and all applica	able statements:	
		X		faith and without	r affirm that the origin t an intent to mislead ined in the report.	
			Other reports:	swear, or affirm	ı, that I am filing this c	orrected
			report not later than	n the 14th busine	ess day after the date naccurate or incomple	I learned
			swear, or affirm, the	at any error or or	mission in the report a	
			filed was made in g	lood faith.		
			The	Honorable Dus	stin R. Burrows	
			Signat	ture of Candidate	e or Officeholder	
AFFIX NOTARY ST	AMP / SEAL ABOVE					
Sworn to and subca	ribed before me, by the said	4		thic t	the	day
	, 20, to cert					uay
	,, to our	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,				
Signature of offic	er administering oath	Printed name of of	ficer administering o	oth	Title of officer admini	storing ooth
Signature of Offic	er aunmistenny Välli	Finited name of O	ncer autimistering 0	aul		Stering Udin
	Remember To Att				oort Form	
	Nee	ded To Report A	nd Explain Cori	rections		

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to comple		1 Filer ID (Ethics Commissi 00070273		2 Total pages file 39	
		FIDET	00010213	M		
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE U	ISE ONLY
NAME	The Honorable	Dustin R.			Date Received	
					ELECTRONICA	
	NICKNAME	LAST		SUFFIX	01/17/2017	
		Burrows				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER	P.O. Box 6170					
MAILING ADDRESS					Receipt #	Amount
Change of Address	Lubbock, TX 79493				Date Processed	
					Date i locessed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	_	
TREASURER	Mr.	William P.				
NAME	1011.	windin i .				
	NICKNAME	LAST		SUFFIX		
	Bill	Lane				
		200.00				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	APT	/ SUITE #; CITY;	STA	TE; ZIP CODE
TREASURER	P.O. Box 6170					
ADDRESS						
(Residence or Business)						
	Lubbock, TX 79493					
7 CAMPAIGN	AREA CODE PHON	E NUMBER E	XTENSION			
TREASURER	(806) 796-7300					
PHONE						
8 REPORT		-				
TYPE	X January 15	30th day before	election F	Runoff	15th day after carr appointment (office	
					•	
	July 15	8th day before e	Election	Exceeded \$500 limit	Final Report (Attac	ch C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2016	TH	ROUGH	12/31/2016	5	
	01/01/2010			12/01/2010		
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	PI	rimary	Runoff	Other	
					<u> </u>	
			eneral	Special		
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	(if known)	
	State Representative Distr	ict 82		State Representa		
	State Representative Distr			State Representa		
	<u>.</u>					
GO TO PAGE 2						
						\/\/A
⊢orms provided by Te	xas Ethics Commission	www.eth	nics.state.tx.us			Version V1.0.2916

### CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

#### FORM C/OH COVER SHEET PG 2 3 of 39

13 C / OH NAME	Burrows, Dustin R. (1	The Honorable)	14 Filer ID 00070273	(Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without d officeholders are required to report this informatio	the candidate's or offic	eholder's knowledge or		
X Additional Pages	COMMITTEE TYPE COMMITTEE NAME					
	X GENERAL	Texas Alliance for Life PAC				
		COMMITTEE ADDRESS				
	SPECIFIC	8000 Centre Park Drive, Ste. 380				
		Austin, TX 78754				
		COMMITTEE CAMPAIGN TREASURER NAME				
		Shaw, James				
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS			
		4505 Corazon CV				
		Round Rock, TX 78681				
16 CONTRIBUTION TOTALS		AL CONTRIBUTIONS OF \$50 OR LESS (OTHER ARANTEES OF LOANS), UNLESS ITEMIZED	THAN PLEDGES,	\$ 0.00		
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	<b>\$</b> 34,926.33		
EXPENDITURE TOTALS						
	4. TOTAL POLITIC	CAL EXPENDITURES		<b>\$</b> 31,327.93		
CONTRIBUTION BALANCE		TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS	OF THE LAST DAY	<b>\$</b> 0.00		
17 AFFADAVIT						
		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.	y of perjury, that the ac all information required	companying report is to be reported by me		
		The Hono	rable Dustin R. Burro	DWS		
		Signature o	f Candidate or Officeho	older		
AFFIX NOT	FARY STAMP / SEAL AB	OVE				
Curero to and cubos	wined before me, by the e	aid	this the	dov		
		aid ertify which, witness my hand and seal of office.	, uns une	day		
Signature of offic	er administering	Printed name of officer administering	Title of office	er administering oath		
Forms provided by Tex	xas Ethics Commissior	n www.ethics.state.tx.us		Version V1.0.2916		

### CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

## FORM C/OH

Page 4 of 39

				0
C / OH NAME	Burrows, Dustin R. (	The Honorable)	Filer ID 00070273	(Ethics Commission Filers)
17 NOTICE FROM POLITICAL COMMITTEE(S)	expenditures may have	of political expenditures by political committees to been made without the candidate's or officeholder ed to report this information only if they receive noti	s knowledge or c	onsent. Candidates and
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	Texans for Joe Straus		
		COMMITTEE ADDRESS		
	X SPECIFIC	PO Box 90388		
		San Antonio, TX 78209		
		COMMITTEE CAMPAIGN TREASURER NAME		
		Cain, Randy		
		COMMITTEE CAMPAIGN TREASURER ADDRE	ESS	
		1800 Frost Bank Tower		
		100 West Houston St.		
		San Antonio, TX 78205		
		·		

## FORM C/OH COVER SHEET PG 3

				5 01 39
18 FILER NAM Burrows, I	/E Dustin R. (The Honorable)	19 Filer ID 00070273	(Ethics	s Commission Filers)
20 SCHEDULE	s	UBTOTAL AMOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	34,900.00
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	26.33
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	31,327.93
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

**SUBTOTALS - C/OH** 

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/10 Rpt: 6/39	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
ľ		stin R. (The Honorable)		Ŭ	00070273	5111 11013)
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	11/14/2016	AT&T PAC				\$1,000.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
⊨	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	09/29/2016	Atmose Energy Corporation PAC				\$1,500.00
	•••••					, _,
		Contributor address, City, State, Zip Code				
		Dallas, TX 75240-2630				
⊢	Deine in et e e e			<u> </u>		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	09/27/2016	BEEF PAC				\$500.00
		Contributor address; City; State; Zip Code				
		Amarillo, TX 79106				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
⊨	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	09/28/2016	Brady, Zach (Mr.)				\$1,000.00
		Contributor address; City; State; Zip Code				
		Lubbock, TX 79401				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Attorney		Self			
╞	Date	Full name of contributor Out-of-state PAC (ID#:	、 、		Amount of Contribution (\$)	
			)		Amount of Continuation (\$)	¢250.00
	11/15/2016	Congress Avenue Partners PAC				\$250.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 2/10 Rpt: 7/39
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Burrows, Du	istin R. (The Honorable)		00070273
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
	11/29/2016	Davis, Edwin (Mr.)		\$100.00
		6 Contributor address; City; State; Zip Code	1	1
		1		
		Lubbock, TX 79423		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	\$)
	Vice Preside	nt	Parkhill Smith and Coop	ber
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	12/05/2016	Edwards, Zane (Mr.)		\$50.00
				1
		1		
		Lubbock, TX 79424		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	\$)
	Principal	,	Parkhill Smith and Coop	ber
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	12/09/2016	Graydon Group LLC		\$250.00
		Contributor address; City; State; Zip Code		1
		1		
		Austin, TX 78701		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	3)
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	11/15/2016	HOMEPAC OF TEXAS		\$500.00
		Contributor address; City; State; Zip Code		1
		1		
		1		
L		AUSTIN, TX 78701		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	3)
L				
Γ	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	09/02/2016	HOMEPAC OF TEXAS		\$500.00
		Contributor address; City; State; Zip Code	1	1
		1		
L		AUSTIN, TX 78701	1	<u> </u>
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	\$)
L				

The Instruc	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/10 Rpt: 8/39	
2 FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	stin R. (The Honorable)				00070273	
4 Date	5 Full name of contributor	out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
08/26/2016	HOSPAC					\$1,000.00
	6 Contributor address; City; Sta	ate; Zip Code				
	Austin, TX 78701					
8 Principal occu	pation / Job title (See Instructions)	)	9 Employer (See Instructions	5)		
Date	Full name of contributor	out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
12/02/2016	Hamilton, John (Mr.)	—				\$50.00
	Contributor address; City; Sta					
	Lubbock, TX 79423-3905					
	pation / Job title (See Instructions)	)	Employer (See Instructions			
Principal			Parkhill Smith and Coop	ber		
Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
10/21/2016	Hillco PAC					\$1,000.00
	Contributor address; City; Sta	ate; Zip Code				
	Austin, TX 78701					
Principal occu	pation / Job title (See Instructions)	)	Employer (See Instructions	<u> </u> ג)		
	······,			,		
Date	Full name of contributor	X out-of-state PAC (ID#: (	C00096156 )	Γ	Amount of Contribution (\$)	
11/15/2016	Honeywell International P/		, , , , , , , , , , , , , , , , , , ,			\$500.00
	Contributor address; City; Sta					
	-					
	Washington, DC 20001					
Principal occu	pation / Job title (See Instructions)	)	Employer (See Instructions	5)		
Date	Full name of contributor	out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
12/06/2016	Key, John (Mr.)					\$150.00
	Contributor address; City; Sta	ate; Zip Code				
	Malfarth TV 70202					
Drizzinal acou	Wolfforth, TX 79382		Employer (Cool Instructions			
Veterinarian	pation / Job title (See Instructions)	)	Employer (See Instructions Key Animal Clinic	5)		
Velennanan			Key Anima Cinnic			

SCHEDULE	A1
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	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 4/10 Rpt: 9/39	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		stin R. (The Honorable)			-	00070273	,
4	Date	5 Full name of contributor	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	11/15/2016	Linebarger Goggan Blair & S	Sampson, LLP				\$500.00
		6 Contributor address; City; State	e; Zip Code				
		Austin, TX 78760					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
╞	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/14/2016	Lloyd Gosseling Rochelle &	-	)			\$500.00
	11/14/2010						φ300.00
		Contributor address; City; State	e; Zip Code				
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
F	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/01/2016	MCCLENDON, MONT	-				\$1,000.00
		Contributor address; City; State	e; Zip Code				
		LUBBOCK, TX 79413					
		pation / Job title (See Instructions)		Employer (See Instructions			
	ATTORNEY			MCCLENDON LAW FIR	RM		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/31/2016	MCDougal, Delbert					\$1,000.00
		Contributor address; City; State	e; Zip Code				
		LUBBOCK, TX 79424					
		pation / Job title (See Instructions)		Employer (See Instructions	)		
	Owner			McDougal Companies			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/01/2016	McDougal, Marc					\$1,000.00
		Contributor address; City; State	e; Zip Code				
		Lubbock, TX 79423			Ĺ		
		pation / Job title (See Instructions)		Employer (See Instructions	)		
L	Owner			McDougal Companies			

	The Instru	ction Guide explains how to complet	e this for	rm.	1	Total pages Schedule A1: Sch: 5/10 Rpt: 10/39	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		stin R. (The Honorable)				00070273	,
4	Date	5 Full name of contributor out-of-state F	PAC (ID#:	)	7	Amount of Contribution (\$)	
	09/06/2016	Moore, Brad (Mr.)					\$500.00
		6 Contributor address; City; State; Zip Code					
L	<u> </u>	Brownfield, TX 79316-0352			Ĺ		
8		pation / Job title (See Instructions)	9	Employer (See Instructions Self	5)		
	Attorney						
	Date		PAC (ID#:	)		Amount of Contribution (\$)	
	11/29/2016						\$100.00
		Contributor address; City; State; Zip Code					
		Lubbock, TX 79413-3111					
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Vice Preside			Parkhill Smith and Coop			
╞					<u> </u>	Amount of Contribution (ft)	
	Date 11/11/2016	Full name of contributor Dut-of-state F	PAC (ID#:	)		Amount of Contribution (\$)	\$1,000.00
	11/11/2010						\$1,000.00
		Contributor address; City; State; Zip Code					
		Dallas, TX 75202-1234					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
⊨	Date	Full name of contributor out-of-state F	PAC (ID#:	)		Amount of Contribution (\$)	
	09/26/2016	PERDUE, BRANDON, FIELDER, COLL	INS, & MO	DTT, LLP			\$500.00
		Contributor address; City; State; Zip Code					
		LUBBOCK, TX 79408-0817					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date	Full name of contributor 🔲 out-of-state F	PAC (ID#:	)		Amount of Contribution (\$)	
	10/28/2016	PRIVETT, TONY					\$1,000.00
		Contributor address; City; State; Zip Code					
⊢	Delectrol	LUBBOCK, TX 79424					
		pation / Job title (See Instructions)		Employer (See Instructions		1	
$\vdash$	Owner			HIGH PLAINS RESEAR		1	

SCHEDULE	A1
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	The Instru	ction Guide explains how to o	orm.	1	Total pages Schedule A1: Sch: 6/10 Rpt: 11/39		
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)	
	Burrows, Du	stin R. (The Honorable)			00070273		
4	Date	5 Full name of contributor	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	11/14/2016	Political Action Committee of the					\$1,000.00
		6 Contributor address; City; State; Z	Zip Code				
	ļ						
	ļ						
		Austin, TX 78768					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions)	)		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/29/2016	Rapier, Joseph					\$100.00
		Contributor address; City; State; Z	Zip Code				
	ļ						
		Lubbock, TX 79410					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)			
	CEO		Parkhill, Smith and Coop	ber			
	Date	Full name of contributor		Amount of Contribution (\$)			
	11/15/2016	Robert Kamm, Government Af				\$150.00	
	Contributor address; City; State; Zip Code						
	ļ						
	ļ						
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	)		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	09/21/2016	SCOPE					\$2,000.00
	1	Contributor address; City; State; Z	Zip Code				
	ļ						
		Amarillo, TX 79105-1261					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	)		
F	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	12/02/2016	STEPHENS, Brian (Mr.)				\$50.00	
		Contributor address; City; State; Z					
	ļ						
	ļ						
		LUBBOCK, TX 79424					
	Principal occu	pation / Job title (See Instructions)	)				
	Principal		er				
l I							

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 7/10 Rpt: 12/39		
2 FILER NAME			3 Filer ID (Ethics Commission	on Filers)
	stin R. (The Honorable)		00070273	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
11/14/2016	Southern Glazer's Pac of Texas			\$1,000.00
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78701			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
09/26/2016	Susan Combs Campaign			\$1,000.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78716-0956			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	
			,	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
11/18/2016	ТАВА РАС			\$1,000.00
	Contributor address; City; State; Zip Code			
	Plano, TX 75093-8120			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	
		p - y - (,	,	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
11/15/2016	TEXANS FOR LAWSUIT REFORM PAC			\$2,500.00
	Contributor address; City; State; Zip Code			
	AUSTIN, TX 78701			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
10/19/2016	TEXAS AGRICULTURE COOPERATIVE COU		(*)	\$250.00
10/10/2010				\$200.00
	Contributor address; City; State; Zip Code			
	AUSTIN, TX 78701-1864			
Principal occu		Employer (Soo Instructions)	)	
	pation / Job title (See Instructions)	Employer (See Instructions)	)	

The Instru	ction Guide explains how to comple	1 Total pages Schedule A1: Sch: 8/10 Rpt: 13/39	
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Burrows, Du	stin R. (The Honorable)		00070273
4 Date	5 Full name of contributor out-of-state	te PAC (ID#:)	7 Amount of Contribution (\$)
10/10/2016	TEXAS DENTAL ASSOCIATION PAC		\$500.00
	6 Contributor address; City; State; Zip Code		
	AUSTIN, TX 78704		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	\$)
Date	Full name of contributor 🔲 out-of-state	te PAC (ID#:)	Amount of Contribution (\$)
11/07/2016	TEXAS LAND TITLE ASSOCIATION		\$1,000.00
	Contributor address; City; State; Zip Code		
	AUSTIN, TX 78703		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s) 
Date	Full name of contributor out-of-state	te PAC (ID#:)	Amount of Contribution (\$)
10/07/2016	TPA PAC		\$1,000.00
	Contributor address; City; State; Zip Code		
	Ceder Park, TX 78630		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	\$
Date	Full name of contributor 🔲 out-of-state	te PAC (ID#:)	Amount of Contribution (\$)
12/07/2016	TREPAC/TEXAS ASSOCIATION OF	REALTORS	\$1,500.00
	Contributor address; City; State; Zip Code	3	
	AUSTIN, TX 78768-2246		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	\$)
Date	Full name of contributor out-of-state	te PAC (ID#:)	Amount of Contribution (\$)
09/12/2016	Texas Apartment Association PAC		\$1,500.00
	Contributor address; City; State; Zip Code	3	
	Austin, TX 78701-1951		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	\$)
		I	

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 9/10 Rpt: 14/39 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Burrows, Dustin R. (The Honorable) 00070273 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/21/2016 Texas Association of Health Underwriters PAC \$500.00 6 Contributor address; City; State; Zip Code Duncanville, TX 75137 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/29/2016 **Texas Dairymen PAC** \$500.00 Contributor address; City; State; Zip Code Austin, TX 78711 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#:\_ 12/09/2016 **Texas Deer Association PAC** \$1,000.00 Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/22/2016 \$500.00 **Texas Optometric PAC** Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#:\_ 09/14/2016 \$500.00 Texas Wildlife Association PAC Contributor address; City; State; Zip Code San Antonio , TX 78247 Principal occupation / Job title (See Instructions) Employer (See Instructions)

The In:	struction Guide explains how to c	۱.	1 Total pages Schedule A1: Sch: 10/10 Rpt: 15/39		
2 FILER N	AME		<b>3</b> Filer ID (Ethics Commission	Filers)	
	, Dustin R. (The Honorable)		00070273		
4 Date	5 Full name of contributor	ut-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
11/15/2	The Posey Law Firm, P.C.				\$250.00
	6 Contributor address; City; State; Zi	lip Code			
	Austin, TX 78701				
8 Principal	occupation / Job title (See Instructions)	9	Employer (See Instructions)	)	
Date	Full name of contributor	ut-of-state PAC (ID#:	)	Amount of Contribution (\$)	
11/15/2	016 United Supermarkets PAC				\$600.00
	Contributor address; City; State; Z				
	Lubbock, TX 79493				
Principal	occupation / Job title (See Instructions)	Employer (See Instructions)	)		
Date	—	)	Amount of Contribution (\$)		
11/10/2					\$500.00
	Contributor address; City; State; Zi				
Drincipal	CISCO, TX 76437		Employer (See Instructions)	\ \	
Principal Self	occupation / Job title (See Instructions)		Employer (See Instructions) Self	)	
Date		ut-of-state PAC (ID#:	)	Amount of Contribution (\$)	*= 00.00
11/10/2					\$500.00
	Contributor address; City; State; Zi	Zip Code			
	CISCO, TX 76437				
Principal	occupation / Job title (See Instructions)		Employer (See Instructions)	)	
Self	······································		Self	)	
Date	Full name of contributor	ut-of-state PAC (ID#:	)	Amount of Contribution (\$)	
12/05/2		/		\$50.00	
±=, • •, _				Ψ00.02	
	Lubbock, TX 79413				
Principal	occupation / Job title (See Instructions)	Employer (See Instructions)	)		
Sector I		er			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

	The Instru	iction Guide explains how to complete this f	orm.	1	Total pages Schedule A2: Sch: 1/1 Rpt: 16/39			
2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Burrows, Du	ustin R. (The Honorable)			00070273			
4	TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$				
5	Date 11/20/2016	<ul> <li>7 Contributor address; City; State; Zip Code</li> </ul>	)	8	Amount of <b>9</b> In-kind contribution contribution (\$) description \$26.33 Domain Registration			
		San Antonio, TX 78209			Check if travel outside of Texas. Complete Schedule T.			
10	Principal occi	upation / 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)						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       y -     Gift/Awards/Memorials Expense			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	ILER NAME	-	-	<b>3</b> Filer ID (Ethics Commission Filers)				
	Sch: 1/23 Rpt: 17/39	urrows, Dustin R. (The Hono	rable)		00070273				
4	Date 09/01/2016	ayee name CTION PRINTING							
6	Amount (\$) \$85.52	ayee address; City; 407 82nd Street ubbock, TX 79423	State; Zip Co	de					
					outside of Texas. Complete Schedule T. , TX, officeholder living expense rdS				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sou	ght	Office held				
	Date	ayee name							
	09/13/2016	ction Printing							
	Amount (\$)     Payee address;     City;     State;     Zip Code       \$104.78     2407 82nd Street								
	DUDDOOF	ubbock, TX 79423		()-) _ · · ·					
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the to rinting Expense	op of this schedule)		outside of Texas. Complete Schedule T. , TX, officeholder living expense				
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sou	ght	Office held				
	Date	ayee name							
	12/21/2016	erry Communications, LLC							
	Amount (\$) \$1,000.00	ayee address; City; 005 Congress, Suite 430	State; Zip Co	de					
		ustin, TX 78701							
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the to consulting Expense	op of this schedule)		outside of Texas. Complete Schedule T. , TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sou	ght	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp nmittee Legal Services The Instruction Guide		Office Over Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2		- onpianio i			3	Filer ID (Ethics Commission Filers)
1	Sch: 2/23 Rpt: 18/39	2	Burrows, Dustin R. (The Honorable)					
4	Date	5	Payee name					
	11/22/2016		Berry Communications, LLC					
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	de		
	\$1,000.00		1005 Congress, Suite 430					
			Austin, TX 78701					
8	PURPOSE					(b) Description		
ľ	OF	("	Category (See Categories listed at the to Consulting Expense	op of this sche	edule)		l outs	ide of Texas. Complete Schedule T.
	EXPENDITURE					Check if Austi	n, TX	, officeholder living expense
						Consulting		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ght		Office held
	Date		Payee name					
	10/13/2016		Berry Communications, LLC					
	Amount (\$)		Payee address; City;	State:	Zip Co	de		
	\$1,000.00 1005 Congress, Suite 430							
	+_,000.00		2000 00.1g. 000, 00.100					
			Austin, TX 78701					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the to Consulting Expense	op of this sche	edule)			ide of Texas. Complete Schedule T. , officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office soug	ght		Office held
	Date	ĺ	Payee name					
	09/01/2016		Berry Communications, LLC					
	Amount (\$)		Payee address; City;	State <sup>.</sup>	Zip Co	de		
	\$1,000.00		1005 Congress, Suite 430	otato,	2.0 000			
	\$1,000,000							
			Austin, TX 78701					
	PURPOSE	(a)	Category (See Categories listed at the to	op of this sche	edule)	(b) Description		
	OF EXPENDITURE		Consulting Expense					ide of Texas. Complete Schedule T.
	-						n, TX	, officeholder living expense
						Consulting		
					N#:			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	С	Office souç	gnt		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees     Office Overhead/Rental Expense     Transportation Equipment &       Food/Beverage Expense     Polling Expense     Travel in District       Gift/Awards/Memorials Expense     Printing Expense     Travel Out of District					
1	Total pages Schedule F1:	2					3	Filer ID (Ethics Commission Filers)
	Sch: 3/23 Rpt: 19/39	2	Burrows, Dustin R. (The Honorable)					
4	Date	5	Payee name					
	08/01/2016		Berry Communications, LLC					
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	de		
	\$1,000.00		1005 Congress, Suite 430					
			Austin, TX 78701					
8	PURPOSE					(b) Deceriation		
°	OF	(a)	Category (See Categories listed at the t	top of this sch	edule)	(b) Description	outs	ide of Texas. Complete Schedule T.
	EXPENDITURE		Consulting Expense					, officeholder living expense
						Consulting		
						Ũ		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Dffice sou	ght		Office held
	Date		Payee name					
	07/01/2016		Berry Communications, LLC					
	Amount (\$) Payee address; City; State; Zip Code							
	\$1,000.00		1005 Congress, Suite 430					
			Austin, TX 78701					
PURPOSE OF EXPENDITURE		(a)	Category (See Categories listed at the t Consulting Expense	top of this sch	edule)			ide of Texas. Complete Schedule T. , officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Dffice soug	ght		Office held
	Date		Payee name					
	07/29/2016		Brownfield Chamber of Comm	nerce				
	Amount (\$)		Payee address; City;	State <sup>.</sup>	; Zip Co	de		
	\$35.00		P O Box 152	etato,	, <u> </u>			
	\$66.66							
			Brownfield, TX 79316					
	PURPOSE	(a)	Category (See Categories listed at the t	top of this sch	iedule)	(b) Description		
	OF EXPENDITURE		Event Expense					ide of Texas. Complete Schedule T.
								, officeholder living expense
						Food & Wine	έĒ١	/ent
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ght		Office held
⊢								

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Fees         Office Overhead/Rental Expense         Tr           Food/Beverage Expense         Polling Expense         Tr           -         Gift/Awards/Memorials Expense         Printing Expense         Tr				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 4/23 Rpt: 20/39		Burrows, Dustin R. (The Honorable)				00070273		
4	Date 12/02/2016	5	Payee name CANSINO, JANE (Mrs.)						
6	Amount (\$) \$500.00								
8       PURPOSE       (a) Category (See Categories listed at the top of this schedule)       (b) Description         OF       Salaries/Wages/Contract Labor       Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense       Field Work									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		candidate/Officeholder name C	Office sou	ght		Office held		
	Date		Payee name						
	11/01/2016		CANSINO, JANE (Mrs.)						
	Amount (\$) \$500.00		Payee address; City; State; 7008 61ST STREET	Zip Co	de				
			LUBBOCK, TX 79407						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor	edule)			ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ght		Office held		
	Date		Payee name						
	12/05/2016		CAPITOL EXTENSION GIFT SHOP						
	Amount (\$) \$28.12		Payee address; City; State; 1400 N. CONGRESS AVE.	Zip Co	de				
			AUSTIN, TX 78701						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Gift/Awards/Memorials Expense	edule)			ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Dffice sou	ght		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repayment/ Office Overhead/F Polling Expense Printing Expense Salaries/Wages/C	Rental Expense Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:				Filer ID (Ethics Commission Filers)			
1	Sch: 5/23 Rpt: 21/39	Burrows, Dustin R. (The Honorable)		3	00070273			
4	Date	Payee name		•				
	12/05/2016	CAPITOL EXTENSION GIFT SHOP						
6	Amount (\$) 7 Payee address; City; State; Zip Code \$519.60 1400 N. CONGRESS AVE. AUSTIN, TX 78701							
8	PURPOSE	Category (See Categories listed at the top of this sched	dulo) (b) r	Description				
	OF       EXPENDITURE         OF       Gift/Awards/Memorials Expense         Gift/Awards/Memorials Expense       Check if Austin, TX, officeholder living expense         Gifts							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	andidate/Officeholder name Of	ffice sought		Office held			
	Date	Payee name						
	12/28/2016	Campaign Partner						
	Amount (\$)	Payee address; City; State;	Zip Code					
	\$49.00	16 Dudley Street Fitchburg, MA 01420						
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schere Fees			de of Texas. Complete Schedule T. officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	andidate/Officeholder name Of	ffice sought		Office held			
	Date	Payee name						
	11/28/2016	Campaign Partner						
	Amount (\$) \$49.00	Payee address; City; State; 16 Dudley Street	Zip Code					
		Fitchburg, MA 01420						
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched Fees			de of Texas. Complete Schedule T. officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Of	ffice sought		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       y -     Gift/Awards/Memorials Expense       al Committee     Legal Services       Status     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)				
1	Total pages Schedule F1:	2			-	3	Filer ID (Ethics Commission Filers)		
-	Sch: 6/23 Rpt: 22/39	-	Burrows, Dustin R. (The Honorable)			ľ	00070273		
4	Date	5	Payee name						
	10/28/2016		Campaign Partner						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de				
	\$49.00		16 Dudley Street						
			Fitchburg, MA 01420						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Fees	,		outsi	de of Texas. Complete Schedule T.		
							officeholder living expense		
					Website Hos	ting			
_	Operation ONITY if all a st		And the for the state of the st						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office sou	Jur		Office held		
	Date		Payee name						
	09/28/2016		Campaign Partner						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$49.00 16 Dudley Street								
			Fitchburg, MA 01420						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche Fees	edule)	(b) Description	outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE						officeholder living expense		
					Website Hos	ting	1		
					1				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office sou	gnt		Office held		
_	Data	1							
	Date 08/29/2016		Payee name Campaign Partner						
				7: 0	1-				
	Amount (\$)		Payee address; City; State; Zip Code						
	\$49.00		16 Dudley Street						
			Fitchburg, MA 01420						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Fees	,			de of Texas. Complete Schedule T.		
							officeholder living expense		
					Website Hos	ting	1		
		L	And the forth on the second	NGC -					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office sou	jnt		Office held		
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	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense           Food/Beverage Expense         Polling Expense           y -         Gift/Awards/Memorials Expense			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2				3	Filer ID (Ethics Commission Filers)	
_	Sch: 7/23 Rpt: 23/39		Burrows, Dustin R. (The Honorable)			•	00070273	
4	Date	5	Payee name					
	08/11/2016		Campaign Partner					
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de			
	\$15.00		16 Dudley Street					
			Fitchburg, MA 01420					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	odulo)	(b) Description			
	OF		Fees	euule)		outsi	de of Texas. Complete Schedule T.	
	EXPENDITURE						officeholder living expense	
					Website Host	ing		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ght		Office held	
	Date		Payee name					
	08/08/2016		Campaign Partner					
	Amount (\$)			Zip Co	de			
	\$15.00		16 Dudley Street	210 00				
			Fitchburg, MA 01420					
PURPOSE OF EXPENDITURE			Category (See Categories listed at the top of this sche Fees	edule)		, тх,	de of Texas. Complete Schedule T. officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name C	)ffice sou	ght		Office held	
	Date		Payee name					
	08/01/2016		Campaign Partner					
	Amount (\$)		Payee address; City; State;	Zip Co	de			
	\$15.00		16 Dudley Street	·				
			2					
			Fitchburg, MA 01420					
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b) Description			
	EXPENDITURE		Fees				de of Texas. Complete Schedule T. officeholder living expense	
					Website Host			
						ıy		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder name C	Office sou	ght		Office held	
<u> </u>								

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense T Food/Beverage Expense Polling Expense T Gift/Awards/Memorials Expense Printing Expense T					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2			-	3	Filer ID (Ethics Commission Filers)				
	Sch: 8/23 Rpt: 24/39		Burrows, Dustin R. (The Honorable)				00070273				
4	Date	5	Payee name								
	07/28/2016		Campaign Partner								
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de						
	\$49.00		16 Dudley Street								
			Fitchburg, MA 01420								
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description						
	OF EXPENDITURE		Fees	suulo)		outsi	ide of Texas. Complete Schedule T.				
	EXPENDITORE						, officeholder living expense				
					Website Hos	ting	3				
_											
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office sou	ght		Office held				
	Date		Payee name								
	07/25/2016		Campaign Partner								
	Amount (\$)			Zip Co	he						
	\$15.00		16 Dudley Street	210 00							
	¢10.00		To Dudley Street								
			Fitchburg, MA 01420								
	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Fees</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Website Hosting</li> </ul>									
						-					
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name O	)ffice sou	ght		Office held				
	Date		Payee name								
	07/25/2016		Campaign Partner								
	Amount (\$)		Payee address; City; State;	Zip Co	de						
	\$15.00		16 Dudley Street	•							
			-								
			Fitchburg, MA 01420								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	_					
	EXPENDITURE		Fees				ide of Texas. Complete Schedule T.				
					Website Hos		, officeholder living expense				
					VVEDSILE LIDS	any	3				
	Complete ONLY if direct	Ļ	Candidate/Officeholder name O	Office sou	ht		Office held				
	expenditure to benefit C/OI			אוונב סטעו	yı ıı						
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				EXPENDIT	URE CATEGO	RIES FOR	BC	)X 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	nmittee	Event Expense Fees Food/Beverage Ex Gift/Awards/Memo Legal Services	rials Expense	Office Ove Polling Exp Printing Ex Salaries/W	rhead bense pens 'ages	e /Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense	e	
_					Guide explains	now to cor	npie	te this form.				
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission Fil	ers)
	Sch: 9/23 Rpt: 25/39			ustin R. (The	Honorable)					00070273		
4	Date	5	Payee name									
	12/20/2016		Crow, Matt	(Mr.)								
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de					
	\$2,000.00		5010 Unive	rsity Ave 5t	h floor							
			Lubbock, T	X 79413								
8	PURPOSE	<u> </u>					(h)	Description				
	OF	(")		ee Categories listed ages/Contrac	at the top of this sch	nedule)	(5)		outsid	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Sulunes/W	ages/contrac	Labor			Check if Austin	, тх,	officeholder living	expense	
								End of the Ye	ear	Bonus		
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	ceholder name	· (	Dffice sou	ght			Office he	eld	
	Date		Payee name									
	12/01/2016		Facebook									
	Amount (\$)	├	Payee addre	ss; City;	State	; Zip Co	do					
	\$71.24		2		State	, zip co	ue					
	Φ/1.24		Online Hea	uquallers								
			Menlo Park	, CA 94025								
	PURPOSE	(a)	Category (Se	ee Categories listed	at the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Advertising	Expense						de of Texas. Com		
								Promotion of		officeholder living	expense	
								PIOINOLION	P0:	51		
				<u> </u>								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offi	ceholder name	. (	Office sou	ght			Office he	eld	
	Date		Payee name									
	11/01/2016		Facebook									
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de					
	\$49.47		Online Hea	dquarters								
			Menlo Park	, CA 94025								
	PURPOSE OF				at the top of this sch	nedule)	(b)	Description				
	EXPENDITURE		Advertising	Expense						de of Texas. Com		
										officeholder living	expense	
								Promotion of	P0	515		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offi	ceholder name	. (	Office soug	ght			Office he	eld	
	openditore to benefit C/Of											
		_					_					

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	nmittee	Fees         Office Overhead/Rental Expense         Transport           Food/Beverage Expense         Polling Expense         Travel in I           Gift/Awards/Memorials Expense         Printing Expense         Travel Ou						Solicitation/Func Transportation E Travel in District Travel Out of Dis OTHER (enter a	quipment & Re	elated Expense	
1	Total pages Schedule F1:	2			Canac any				3	Filer ID	(Ethics Co	nmission Filers)
-	Sch: 10/23 Rpt: 26/39			ustin R. (The	Honorable)				5	00070273		
4	Date	5	Payee name									
	10/03/2016		Facebook									
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de					
	\$202.14		Online Hea	dquarters								
			Menlo Park	, CA 94025								
8	PURPOSE	(a)	Category (s	ee Categories listed	at the top of this sch	redule)	(b) [	Description				
	OF		Advertising			iouulo)	[		outsid	de of Texas. Com	plete Schedule	т.
	EXPENDITURE		-	·			[			officeholder living	expense	
							I	Promotion of	Pos	sts		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	ceholder name	C	Office sou	ght			Office he	eld	
	Date		Payee name									
	09/01/2016		Facebook									
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de					
	\$40.45		Online Hea	dquarters								
			Menlo Park	, CA 94025								
	PURPOSE OF	(a)	Category (S	ee Categories listed	at the top of this sch	nedule)	(b) [	Description				
	EXPENDITURE		Advertising	Expense			ļ			de of Texas. Com		Т.
							L	Promotion of		officeholder living	expense	
							ſ		F U.	515		
	Complete ONLY if direct		Candidate/Off	ceholder name	(	Office sou	nht			Office he	bld	
	expenditure to benefit C/OI					0						
-	Date		Payee name									
	08/01/2016		Facebook									
_	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de					
	\$28.51		Online Hea		Claro	,p ee						
	420.01			aquaitoro								
			Menlo Park	, CA 94025								
	PURPOSE	(a)	Category (S	ee Categories listed	at the top of this sch	nedule)	(b) [	Description				
	OF EXPENDITURE		Advertising	Expense			Į			de of Texas. Com		т.
							Ļ			officeholder living	expense	
							ł	Promotion of	P0	515		
							- la d			077		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Off	ceholder name	(	Office sou	ght			Office he	eid	
	,											

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Offi Food/Beverage Expense Pol Gift/Awards/Memorials Expense Prir	lice Overhe lling Exper nting Expe laries/Wag	nse es/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 11/23 Rpt: 27/39		Burrows, Dustin R. (The Honorable)				00070273			
4	Date 07/01/2016	5	Payee name Facebook							
6	Amount (\$) \$133.49	7	Payee address; City; State; Zi Online Headquarters Menlo Park, CA 94025	ip Code						
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule Advertising Expense	<sub>2)</sub> (t		ı, TX,	de of Texas. Complete Schedule T. officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name Office	e sough	t		Office held			
	Date		Payee name							
	08/08/2016		Guadalup Parkway Sommerville Centers							
	Amount (\$) \$1,000.00		Payee address; City; State; Zi 405 N. MLK Blvd.	ip Code						
	PURPOSE OF EXPENDITURE	<u> </u>	Lubbock, TX 79403 Category (See Categories listed at the top of this schedule Event Expense	<sub>2)</sub> (b		ı, TX,	de of Texas. Complete Schedule T. officeholder living expense nitless			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder name Office	e sough	t		Office held			
	Date		Payee name							
	10/04/2016		KK 1250CRF							
	Amount (\$) \$100.00		Payee address; City; State; Zi 1122 Colorado, Ste. 100	ip Code						
			Austin, TX 78701							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule Contributions/Donations Made By Candidate/Officeholder/Political Committee	,			de of Texas. Complete Schedule T. officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name Office	e sough	t		Office held			
		_		_		_				

			EXPENDITURE CATEGO	RIES FOF	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	· · ·			3	Filer ID (Ethics Commission Filers	5)
-	Sch: 12/23 Rpt: 28/39		Burrows, Dustin R. (The Honorable)				00070273	3)
4	Date	5	Payee name					
	12/27/2016		Kitchen, Jeramy (Mr.)					
6	Amount (\$) \$2,000.00		Payee address; City; State; 8420 Panadero Dr. Austin, TX 78747	; Zip Co	de			
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	iedule)	(b) Description			
	OF EXPENDITURE		Salaries/Wages/Contract Labor	(could)	Check if travel	ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense Bonus	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name C	Office sou	yht		Office held	
	Date		Payee name					
	09/12/2016		LUBBOCK AREA REPUBLICAN WOM	1EN				
	Amount (\$)		Payee address; City; State;	; Zip Co	de			
	\$200.00		POST OFFICE 6315 LUBBOCK, TX 79493					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Event Expense	iedule)		ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense ets	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name C	Dffice sou	jht		Office held	
	Date		Payee name					=
	09/13/2016		LUBBOCK COUNTY REPUBLICAN PA	ARTY				
	Amount (\$)		Payee address; City; State;	; Zip Co	de			
	\$100.00		2640 34TH STREET	, <b>1</b>				
			LUBBOCK, TX 79410					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Advertising Expense	iedule)		ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense ht Sign	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name C	Office sou	jht		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fe Fo G nmittee Le	vent Expense ees ood/Beverage Exper ft/Awards/Memorials gal Services <b>he Instruction G</b>	s Expense	Office Over Polling Exp Printing Exp Salaries/Wa			Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Cabadula F1	1			unde explains			12	Filer ID	(Ethics Commission Filers)
L.	Total pages Schedule F1: Sch: 13/23 Rpt: 29/39	I	Burrows, Dus	tin R. (The Ho	onorable)			3	00070273	(Ethics Commission Filers)
4	Date	5	Payee name							
	08/04/2016	<u> </u>	Logo Team							
6	Amount (\$) \$244.77		Payee address 12 Beaumont Wallingford, C	Road	State;	; Zip Cod	le			
8	PURPOSE	(a)	Category (See	Categories listed at	the top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Advertising E			,		in, TX	ide of Texas. Comp , officeholder living NS	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Office	holder name	C	Office soug	ht		Office he	eld
	Date		Payee name							
	11/29/2016		Lubbock Area	United Way						
	Amount (\$)		Payee address	; City;	State;	; Zip Cod	le			
	\$100.00		1655 Main St Lubbock, TX							
	PURPOSE OF EXPENDITURE		Category <sub>(See</sub> Contributions Candidate/Of	Donations M	ade By			in, TX	ide of Texas. Comp , officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Office	holder name	C	Office soug	ht		Office he	ld
	Date		Payee name							
	12/29/2016		Lubbock Cha	llenger Little L	_eague					
	Amount (\$)	F	Payee address	; City;	State;	; Zip Cod	le			
	\$100.00		P.O. Box 536							
			Lubbock, TX	79453						
	PURPOSE OF EXPENDITURE		Category <sub>(See</sub> Contributions Candidate/Of	Donations M	ade By	,			ide of Texas. Comp , officeholder living	
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Office	holder name	C	Office soug	ht		Office he	ld

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)							
-	Sch: 14/23 Rpt: 30/39	Burrows, Dustin R. (The Honorable)	00070273							
4	Date 11/07/2016	Payee name Lubbock Chamber of Commerce								
6	Amount (\$) \$35.00	Payee address;City;State; Zip Code1500 Broadway St #101Lubbock, TX 79401								
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense INCHEON							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	09/26/2016	Lubbock Laura Bush Institute								
	Amount (\$) \$500.00	Payee address;     City;     State;     Zip Code       3601 4th Street								
		Lubbock, TX 79430								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense aiser							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	08/08/2016	Lynn-Garza County Farm Bureau								
	Amount (\$) \$45.00	Payee address;     City;     State;     Zip     Code       PO Box 908 <t< th=""><th></th></t<>								
		Tahoka, TX 79373-0908								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense Dues							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

				EXPENDITU	RE CATEGO	RIES FOR	во	X 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						/Rental Expense e Contract Labor		Solicitation/Fund Transportation E Travel in District Travel Out of Dis OTHER (enter a	quipment &	& Related Expense	
1	Total pages Schedule F1:	2							2	Filer ID	(Ethics)	Commission Filers)
1	Sch: 15/23 Rpt: 31/39			stin R. (The H	lonorable)					00070273	(Ethics	
4	Date	5	Payee name									
	10/25/2016			n Photography	/							
6	Amount (\$) \$325.00		Payee addres 2213 Newfie Austin, TX 7	ld Lane	State	; Zip Co	de					
8	PURPOSE	(a) (	Category <sub>(Se</sub>	e Categories listed a	t the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Advertising			,		Check if travel of	, TX,	de of Texas. Com officeholder living Dhy Fee		dule T.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Offic	eholder name	C	Office sou	ght			Office he	eld	
	Date		Payee name									
	08/25/2016	1	Port to Plair	s Alliance								
	Amount (\$)		Payee addres	s; City;	State	; Zip Co	de					
	\$500.00		5401 N. ML Lubbock, T>	< Blvd. #395 79403								
	PURPOSE OF EXPENDITURE			e Categories listed a age Expense	t the top of this sch	nedule)			, TX,	de of Texas. Com officeholder living		dule T.
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Offic	eholder name	C	Office sou	ght			Office he	eld	
	Date		Payee name									
	09/26/2016		Premier Cin	ema								
	Amount (\$) \$425.00		Payee addres 6002 Slide F		State	; Zip Co	de					
			Lubbock, T>	79414								
	PURPOSE OF EXPENDITURE		Category <sub>(Se</sub> Event Expei	e Categories listed a ISE	t the top of this sch	nedule)			, TX,	de of Texas. Com officeholder living ate Watch F	, expense	dule T.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Offic	eholder name	C	Office sou	ght			Office he	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Transpo Food/Beverage Expense Polling Expense Travel ir y - Gift/Awards/Memorials Expense Printing Expense Travel C						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)				
	Sch: 16/23 Rpt: 32/39		Burrows, Dustin R. (The Honorable)					00070273			
4	Date	5	Payee name								
	11/15/2016		RECONTEUR MEDIA								
6	Amount (\$)	7	Payee address; City; Sta	te; Zip Co	ode						
	\$1,100.00		101 W. 6TH STREET								
			STE 613								
			AUSTIN, TX 78701								
8	PURPOSE	(a)	Category (See Categories listed at the top of this s	chedule)	(b)	Description					
	OF EXPENDITURE		Advertising Expense	onedule)			outsi	de of Texas. Complete Schedule T.			
	EXPENDITORE							officeholder living expense			
						Social Media	Ad	lvertising			
				0.00							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ught			Office held			
	Date		Payee name								
	10/14/2016		RECONTEUR MEDIA								
	Amount (\$)		Payee address; City; Sta	te; Zip Co	ode						
	\$1,100.00		101 W. 6TH STREET								
			STE 613								
			AUSTIN, TX 78701								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this s Advertising Expense	chedule)	(b)		, TX,	de of Texas. Complete Schedule T. officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ught			Office held			
	Date		Payee name								
	09/06/2016		RECONTEUR MEDIA								
	Amount (\$)		Payee address; City; Sta	te; Zip Co	ode						
	\$4,387.50		101 W. 6TH STREET								
			STE 613								
			AUSTIN, TX 78701								
	PURPOSE	(a)	Category (See Categories listed at the top of this s	chedule)	(b)	Description					
	OF EXPENDITURE		Advertising Expense	(inequie)		Check if travel	, TX,	de of Texas. Complete Schedule T. officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ught			Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp nmittee Legal Services The Instruction Guide	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 17/23 Rpt: 33/39		Burrows, Dustin R. (The Hono	rable)				00070273			
4	Date	5	Payee name								
	08/05/2016		RECONTEUR MEDIA								
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	le					
	\$1,100.00		101 W. 6TH STREET								
			STE 613								
			AUSTIN, TX 78701								
8	PURPOSE	(a)	Category (See Categories listed at the to	o of this sche	edule)	(b) Description					
	OF EXPENDITURE		Advertising Expense		,			ide of Texas. Complete Schedule T.			
						Check if Austin Social Media		, officeholder living expense			
						Social Media					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	C	Dffice sou	ht		Office held			
	Date		Payee name								
	07/01/2016		RECONTEUR MEDIA								
	Amount (\$)		Payee address; City;	State;	Zip Co	le					
	\$1,100.00		101 W. 6TH STREET								
			STE 613								
			AUSTIN, TX 78701								
	PURPOSE	(a)	Category (See Categories listed at the to	o of this sche	edule)	(b) Description					
	OF EXPENDITURE		Advertising Expense		,			ide of Texas. Complete Schedule T.			
						Check if Austin Social Media	, TX	, officeholder living expense			
						Social Media					
	Complete ONLY if direct		Candidate/Officeholder name	C	Office soug	iht		Office held			
	expenditure to benefit C/OI			-		,					
	Date		Payee name								
	07/05/2016		Rubberstamps.com								
	Amount (\$)		Payee address; City;	State <sup>.</sup>	Zip Co	le					
	\$46.99		P.O. Box 445	Olalo,	2.0 000						
			Butler, WI 53007								
	PURPOSE OF	(a)	Category (See Categories listed at the to		edule)	(b) Description					
	EXPENDITURE		Office Overhead/Rental Exper	ise				ide of Texas. Complete Schedule T. , officeholder living expense			
						Ruberstamp	, 17,				
						·					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Dffice sou	ht		Office held			
-											

			EXPENDITURE	CATEGORIE	S FOR BO	OX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid	opense P S	ffice Overhea olling Expensi rinting Expensi alaries/Wages	se s/Contract Labor	Solicitation/Fundraising Expens Transportation Equipment & Re Travel in District Travel Out of District OTHER (enter a category not lis	lated Expense
1	Total pages Schedule F1:	<b>2</b> EII ED		•	•		3 Filer ID (Ethics Cor	nmission Filers)
1	Sch: 18/23 Rpt: 34/39		ws, Dustin R. (The Hone	orable)			00070273	
4	Date	5 Payee	name					
	12/20/2016	SEMI	NOLE CHAMBER OF C					
6	Amount (\$) \$15.00	<ul><li>7 Payee</li><li>119 S</li><li>Semir</li></ul>		State; Z	Zip Code			
8	PURPOSE		Ory (See Categories listed at the		(b)	Description		
	OF EXPENDITURE		Expense	top of this schedu	le) (~)	Check if travel	outside of Texas. Complete Schedule , TX, officeholder living expense nquet	Τ.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		te/Officeholder name	Offi	ce sought		Office held	
	Date	Payee	name					
	07/29/2016	SEMI	NOLE CHAMBER OF C	OMMERCE				
	Amount (\$)	Pavee	address; City;	State: 7	Zip Code			
	\$75.00	119 S	-	0.000, 2				
		Semir	ole, TX 79360					
	PURPOSE OF EXPENDITURE		Dry (See Categories listed at the Expense	top of this schedu	le) <b>(b)</b>	Check if Austin	outside of Texas. Complete Schedule , TX, officeholder living expense ty Ag & Oil Appreciation I	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		te/Officeholder name	Offi	ce sought		Office held	
	Date	Payee	name					
	07/27/2016	SFDA						
	Amount (\$) \$100.00	Payee 503 A	address; City; ve. T	State; Z	Zip Code			
		Shallo	water, TX 79363					
	PURPOSE OF EXPENDITURE	Contri	Ory (See Categories listed at the butions/Donations Mad date/Officeholder/Politic	е Ву	,		outside of Texas. Complete Schedule , TX, officeholder living expense	т.
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		te/Officeholder name	Offi	ce sought		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nittee Legal Services The Instruction Guide explains f	Office Ove Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	<b>2</b> F				3	Filer ID (Ethics Commission Filers)			
	Sch: 19/23 Rpt: 35/39		Burrows, Dustin R. (The Honorable)				00070273			
4	Date 11/29/2016		Payee name SNYDER CHAMBER OF COMMERCE	E						
6	Amount (\$) \$100.00	F	Payee address; City; State; P.O. Box 840 Snyder, TX 79550	Zip Co	le					
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Fees       (b) Description 							officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ht		Office held			
	Date	F	Payee name							
	07/29/2016	Ś	SNYDER CHAMBER OF COMMERCE	1						
	Amount (\$) \$100.00		Payee address; City; State; P.O. Box 840	Zip Co	le					
			Snyder, TX 79550							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Fees	edule)		, TX,	de of Texas. Complete Schedule T. , officeholder living expense <b>CS</b>			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ht		Office held			
	Date	F	Payee name							
	07/27/2016	5	SNYDER CHAMBER OF COMMERCE							
	Amount (\$) \$100.00		Payee address; City; State; P.O. Box 840	Zip Co	le					
		Ś	Snyder, TX 79550							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Event Expense	edule)	Check if Austin	I, TX	de of Texas. Complete Schedule T. , officeholder living expense ampede Sponsorship			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ht		Office held			

	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     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       Legal Services     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)		
1	Total pages Cabadula F1	12			iction Guide	explains		npic	ete tins form.	1	Filer ID	(Ethioc	Commission Filors)
T	Total pages Schedule F1: Sch: 20/23 Rpt: 36/39	2		ILER NAME 3 Burrows, Dustin R. (The Honorable)						3	Filer ID 00070273	(Ethics	Commission Filers)
4	Date	5	Payee name			,							
-	08/24/2016		SPAG										
6	Amount (\$) \$25.00		Payee addres 1323 58th S Lubbock, TX	it	ty;	State;	Zip Co	de					
8	PURPOSE OF EXPENDITURE	(a)	Category <sub>(Se</sub> Event Expe		s listed at the to	op of this sch	edule)	(b)		, TX,	de of Texas. Com officeholder livinç		dule T.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offi	ceholder I	name	C	Office sou	ght			Office he	eld	
	Date		Payee name										
	12/07/2016		Salvation A	my of Lu	ibbock								
	Amount (\$)		Payee addres	ss; Ci	ty;	State;	Zip Co	de					
	\$400.00		3407 61st S Lubbock, TX										
	PURPOSE OF EXPENDITURE	(a)	Category <sub>(Se</sub> Event Expe		listed at the to	op of this sch	edule)	(b)		, TX,	de of Texas. Com officeholder living neon Fundra	expense	dule T.
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	ceholder i	name	C	Office sou	ght			Office he	eld	
	Date		Payee name										
	11/08/2016		South Plain	s Food E	ank								
	Amount (\$) \$250.00		Payee addres 5605 M.L.K		ty;	State;	Zip Co	de					
			Lubbock, T	K 79404									
	PURPOSE OF EXPENDITURE	(a)	Category <sub>(Se</sub> Contribution Candidate/0	s/Donat	ons Made	e By	,	(b)		, тх,	de of Texas. Com officeholder living Inger Lunch	expense	dule T.
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	ceholder I	name	C	Office sou	ght			Office he	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)							
-	Sch: 21/23 Rpt: 37/39	Burrows, Dustin R. (The Honorable)	00070273							
4	Date 08/26/2016	5 Payee name TOWNSQUARE MEDIA								
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO BOX 301650 LUBBOCK, TX 75303								
8	PURPOSE OF EXPENDITURE	Check if Austin,	nutside of Texas. Complete Schedule T. TX, officeholder living expense n Party Advertising							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	08/11/2016	TRRCC								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$1,000.00	1108 Lavaca, Ste. 111 #301 Austin, TX 78701								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ion Donation							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	11/21/2016	Texas Right to Life								
	Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 9800 Centre Pkwy, #200								
		Houston, TX 77036								
	PURPOSE OF EXPENDITURE		uutside of Texas. Complete Schedule T. TX, officeholder living expense aising Dinner							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-	Fees         Office Overhead/Rental Expense           Food/Beverage Expense         Polling Expense           Gift/Awards/Memorials Expense         Printing Expense					se			
_			•	Filer ID (Ethics Commission F								
1	Total pages Schedule F1: Sch: 22/23 Rpt: 38/39		FILER NAME Burrows, Dustin R. (The Honorable)						-liers)			
4	Date	5	Payee name									
	09/06/2016		The Bridge of Lubbock									
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le							
	\$200.00		1301 Redbud Ave									
			Lubbock, TX 79408									
8	PURPOSE	(a)		odulo)	( <b>b)</b> De	escription						
-	OF	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Contributions/Donations Made By</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> </ul>										
	EXPENDITURE		Candidate/Officeholder/Political Commi	ittee		Check if Austin,	TX,	officeholder living expense				
					S	eeds of Hop	е					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name O	office sou	lht			Office held				
	Date		Payee name									
	09/08/2016		The Gober Group									
	Amount (\$)		Payee address; City; State;	Zip Co	le							
	\$5.14		PO Box 341016	210 00								
	ψ0.14											
			Austin, TX 78734									
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Fees	edule)			TX,	de of Texas. Complete Schedule T. officeholder living expense te Fees				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name O	)ffice sou	Iht			Office held				
	Date		Payee name									
	10/24/2016		Thorpe, Rylie (Ms.)									
	Amount (\$)		Payee address; City; State;	Zip Co	le							
	\$100.00		8702 QUITMAN AVE	210 00								
	\$100.00											
			Lubbock, TX 79424									
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	( <b>b)</b> De	escription						
	OF EXPENDITURE		Contributions/Donations Made By			4		de of Texas. Complete Schedule T.				
			Candidate/Officeholder/Political Commi	ittee	Ľ			officeholder living expense				
					S	ponsor Trip	to I					
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		candidate/Officeholder name O	office soug	Iht		_	Office held				

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Lab				/Reimbursement Rental Expense Contract Labor	nt Solicitation/Fundraising Expense e Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
				The Instruction Gui	de explains	how to col	nplet	e this form.				
1	Total pages Schedule F1:	2 FIL	ER NAME						3	Filer ID	(Ethics Commission Filers)	
	Sch: 23/23 Rpt: 39/39	Bu	irrows, Du	stin R. (The Hor	norable)					00070273		
4	Date	5 Pa	yee name									_
	10/11/2016		p Tier Cat	ering								
6	Amount (\$)	7 Pa	yee addres	s; City;	State:	Zip Co	de					
ľ	\$681.21		x 42184	s, ony,	Olulo,	210 00	ac					
	Φ001.21		1/ 42104									
		Lu	bbock, TX	79409-2184								
8	PURPOSE	<b>(a)</b> Ca	tegory <sub>(See</sub>	e Categories listed at the	e top of this sch	edule)	(b)	Description				
	OF EXPENDITURE			undraising Expe			[				plete Schedule T.	
	EXFENDITORE						[			officeholder living	) expense	
								Texas Tech F	Fun	draiser		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		didate/Offic	eholder name	C	Office sou	ght			Office he	eld	
	experialitate to benefit e/or											