

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mr FIRST: GARRY MI: L NICKNAME: _____ LAST: ADAMS SUFFIX: _____	OFFICE USE ONLY Date Received: _____ Date Hand-delivered or Postmarked: _____ Receipt # _____ Amount: _____ Date Processed: _____ Date Imaged: _____	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE 407 E. Johnson Burnet TX 78611 P.O. Box 534 Burnet TX, 78611		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 755-0806		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Mrs FIRST: Stephanie MI: A NICKNAME: _____ LAST: Frazier SUFFIX: _____		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE # CITY STATE ZIP CODE 320 Highland Dr. Burnet TX, 78611		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 755-5219		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 01 / 01 / 2012 04 / 30 / 2012		
11 ELECTION	ELECTION DATE Month Day Year 05 / 29 / 2012	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Burnet Constable Dist #2	
GO TO PAGE 2			

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME GARRY L. ADAMS 15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

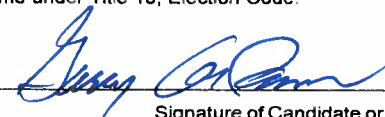
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO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

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>350.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>3,269.82</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

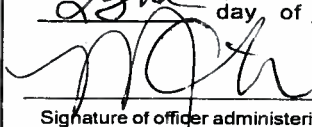
18 AFFIDAVIT

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Garry Adams, this the 23rd day of May, 2012, to certify which, witness my hand and seal of office.

 Signature of officer administering oath
 Michele Foster Printed name of officer administering oath
 Deputy Clerk Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME **GARRY L. ADAMS**

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Full name of contributor out-of-state PAC (ID# _____)
Tex Signs

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

**406 Wynn
Burnet TX. 78611**

250.00

Signs

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

3/22/12

Joe Colbert
Contributor address; City; State; Zip Code

**P.O. Box 703
Bertram TX. 78605**

100.00

Check

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 185	2 FILER NAME GARRY L. ADAMS	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 1/20/12	5 Payee name Fetty Custom Sign
--------------------------	--

6 Amount (\$) 69.28 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: City: State: Zip Code 1803 E. POIK Burnet TX. 78611
---	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T) Shirt Decals/magnets
--------------------------	---	--

Date 1/28/12	Payee name Hoovers Building
------------------------	---------------------------------------

Amount (\$) 226.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address: City: State: Zip Code 500 E. POIK Burnet TX. 78611
--	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OTHER	Description (If travel outside of Texas, complete Schedule T) SIGN POST
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Date 1/28/12	Payee name O'Reilly's
------------------------	---------------------------------

Amount (\$) 5.99 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address: City: State: Zip Code 508 S. Water Burnet, TX. 78611
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OTHER	Description (If travel outside of Texas, complete Schedule T) SIGN POST
------------------------	--	---

Date 2/7/12	Payee name Hoover's Building Supply
-----------------------	---

Amount (\$) 30.09 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address: City: State: Zip Code 500 E. POIK Burnet, TX. 78611
---	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OTHER	Description (If travel outside of Texas, complete Schedule T) SIGN POST
------------------------	--	---

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages: Schedule G: 2/5		2 FILER NAME GARRY L. ADAMS		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1/26/12		5 Payee name TEX-SIGN			
6 Amount (\$) 552.86 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 406 Lunae Dr. Burnet TX. 78611			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Printing Expense		(b) Description (If travel outside of Texas, complete Schedule T) Signs	
Date 2/16/12		Payee name TEX SIGN			
Amount (\$) 730.69 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 406 Lunae Burnet TX. 78611			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) SIGNS + MAGNETS	
Date 2/17/12		Payee name Party Makers			
Amount (\$) 92.82 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 2600 Hwy 281 Marble Falls TX. 78654			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) OTHER		Description (If travel outside of Texas, complete Schedule T) Decorations For Cookoff	
Date 2/17/12		Payee name Hoovers Building Supply			
Amount (\$) 28.86 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 500 E. Polk Burnet, TX. 78611			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) OTHERS		Description (If travel outside of Texas, complete Schedule T) SIGN POST / SCREWS	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Comm ttee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G 3 of 5	2 FILER NAME GAMMY L. ADAMS	3 ACCOUNT # (Ethics Commission Filers)
4 Date 3/3/12	5 Payee name Hoovers Building Supply	
6 Amount (\$) 18.06 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 500 E. POIK Burnet, TX. 78611	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) OTHER	(b) Description (if travel outside of Texas, complete Schedule T) SIGN STRAPS
Date 3/13/12	Payee name Hoovers Building Supply	
Amount (\$) 67.71 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 500 E. POIK Burnet TX. 78611	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OTHER	Description (if travel outside of Texas, complete Schedule T) SIGN STRAPS
Date 3/15/12	Payee name Fastenal	
Amount (\$) 41.34 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 709 INDUSTRIAL Blvd. Marble Falls TX. 78654	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OTHER	Description (if travel outside of Texas, complete Schedule T) SIGN CABLE
Date 3/15/12	Payee name Hoovers Building Supply	
Amount (\$) 23.46 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 500 E. POIK Burnet, TX. 78611	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OTHERS	Description (if travel outside of Texas, complete Schedule T) SIGN TIES + CABLE
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 465	2 FILER NAME GARY L ADAMS	3 ACCOUNT # (Ethics Commission Filers)
4 Date 3/15/12	5 Payee name Hoover Building Supply	
6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended 10.63	7 Payee address: City, State, Zip Code 500 E. POIK Burnet, TX. 78611	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) OTHER	(b) Description (If travel outside of Texas, complete Schedule T) SIGN TIRES + SCREWS
Date 3/20/12	Payee name Fetty Custom Signs	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended 129.90	Payee address: City, State, Zip Code 1803 E. POIK Burnet, TX. 78611	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing	Description (If travel outside of Texas, complete Schedule T) SIGNS
Date 3/29/12	Payee name Fetty Custom Signs	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended 500.00	Payee address: City, State, Zip Code 1803 E. POIK Burnet TX. 78611	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing	Description (If travel outside of Texas, complete Schedule T) SIGNS
Date 3/28/12	Payee name Fetty Custom Signs	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended 400.00	Payee address: City, State, Zip Code 1803 E. POIK Burnet, TX. 78611	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing	Description (If travel outside of Texas, complete Schedule T) SIGNS

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 5/65	2 FILER NAME Garry L ADAMS	3 ACCOUNT # (Ethics Commission Filers)
4 Date 4/9/12	5 Payee name Burnet Trophies	
6 Amount (\$) 8.12 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: City, State, Zip Code 202 W. 7th St. Burnet TX. 78611	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) OTHER	(b) Description (If travel outside of Texas, complete Schedule T) NAMETAG
Date 4/14/12	Payee name NAPA	
Amount (\$) 30.98 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address: City, State, Zip Code 410 S. Water Burnet, TX. 78611	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OTHER	Description (If travel outside of Texas, complete Schedule T) SIGN WIRE
Date 4/13/12	Payee name Oreilly's	
Amount (\$) 3.03 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address: City, State, Zip Code 508 S. Water Burnet TX. 78611	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OTHER	Description (If travel outside of Texas, complete Schedule T) SIGN BRACKETS
Date 4/30/12	Payee name Fetty Custom Sign	
Amount (\$) 300.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address: City, State, Zip Code 1803 E. POIK Burnet TX. 78611	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing	Description (If travel outside of Texas, complete Schedule T) SIGNS

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED