CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | FIRST Tim Barker | MI L |
| | NICKNAME | LAST Barker | SUFFIX |

OFFICE USE ONLY

Date Received

RECEIVED MAR 27 2024

| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE |
| ☐ Change of Address | ██████████████ |

Date Hand-delivered or Date Postmarked

| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE | PHONE NUMBER | EXTENSION |
| | ██████████████ |

Receipt #   Amount $

| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST Pam | MI |
| | NICKNAME | LAST Barker | SUFFIX |

Date Processed

Date Imaged

| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE |
| | ██████████████ |

| 8 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION |
| | ██████████████ |

9 REPORT TYPE

☐ January 15   ☑ 30th day before election   ☐ Runoff   ☐ 15th day after campaign treasurer appointment (Officeholder Only)

☐ July 15   ☐ 8th day before election   ☐ Exceeded Modified Reporting Limit   ☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month 01 Day 01 Year 2024 THROUGH Month 03 Day 25 Year 2024

11 ELECTION

ELECTION DATE — Month / Day / Year / /

ELECTION TYPE
☐ Primary   ☐ Runoff   ☐ Other Description
☐ General   ☐ Special

12 OFFICE — OFFICE HELD (if any) Mayor

13 OFFICE SOUGHT (if known) Mayor

14 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.

COMMITTEE TYPE	COMMITTEE NAME
☐ Additional Pages	
☐ GENERAL	COMMITTEE ADDRESS
☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$
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 SIGNATURE 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

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by ___Tim Barker___ this the _25_ day of _March_, 20 _24_, to certify which, witness my hand and seal of office.

| _____ | _Gwyneth Teves_ | _Notary Public_ |
| Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath |

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
　　　　　　　　　　(street)　　　　　　　　　　(city)　　　(state)　(zip code)　(country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　(month)　　　　　(year)

_____
Signature of Candidate/Officeholder (Declarant)

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST STEVEN	MI R
	NICKNAME	LAST SCHNEIDER	SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

WHARTON, TX 77488

☐ Change of Address

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE   PHONE NUMBER   EXTENSION

6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST VICKI	MI L
	NICKNAME	LAST SCHNEIDER	SUFFIX

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

WHARTON TX 77488

8 CAMPAIGN TREASURER PHONE

AREA CODE   PHONE NUMBER   EXTENSION

9 REPORT TYPE

☐ January 15
☑ 30th day before election
☐ Runoff
☐ 15th day after campaign treasurer appointment (Officeholder Only)
☐ July 15
☐ 8th day before election
☐ Exceeded Modified Reporting Limit
☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month 01 / Day 01 / Year 2024 THROUGH Month 03 / Day 25 / Year 2024

11 ELECTION

ELECTION DATE
Month / Day / Year

ELECTION TYPE
☐ Primary
☐ Runoff
☐ Other Description
☐ General
☐ Special

12 OFFICE

OFFICE HELD (if any)
WHARTON CITY COUNCIL POSITION 2

13 OFFICE SOUGHT (if known)
SAME

14 NOTICE FROM POLITICAL COMMITTEE(S)

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COMMITTEE TYPE	COMMITTEE NAME
☐ GENERAL	COMMITTEE ADDRESS
☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

15 C/OH NAME

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$	0
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$	0
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$	0
	4.	**TOTAL POLITICAL EXPENDITURES**	$	0
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$	0
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$	0

18 SIGNATURE   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

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

(Notary seal: GWYNETH TEVES, NOTARY PUBLIC, STATE OF TEXAS, NOTARY ID 12632745-6, 01/27/2025)

Sworn to and subscribed before me by _Steven Schneider_ this the _25_ day of _March_,

20 _24_, to certify which, witness my hand and seal of office.

Gwyneth Teves   _Gwyneth Teves_   _Notary Public_
Signature of officer administering oath   Printed name of officer administering oath   Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
                                     (street)   (city)   (state)   (zip code)   (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20 _____.
                                                                (month)   (year)

_____
Signature of Candidate/Officeholder (Declarant)

CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

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1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST DAVID	MI
	NICKNAME	LAST Voulgaris	SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
███████████ Wharton TX 77488

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
████████████

6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST LINDA	MI
	NICKNAME	LAST Voulgaris	SUFFIX

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
████████████ Wharton TX 77488

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
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9 REPORT TYPE

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Month / Day / Year THROUGH Month / Day / Year

11 ELECTION

ELECTION DATE
Month Day Year
05 / 04 / 2024

ELECTION TYPE
☐ Primary
☐ Runoff
☐ Other Description
☒ General
☐ Special

12 OFFICE

OFFICE HELD (if any)
Position #4

13 OFFICE SOUGHT (if known)
City Councilman

14 NOTICE FROM POLITICAL COMMITTEE(S)

☐ Additional Pages

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☐ GENERAL	COMMITTEE ADDRESS
☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

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_____   _Gwyneth Teves_   _Notary Public_
Signature of officer administering oath   Printed name of officer administering oath   Title of officer administering oath

OR

(2) Unsworn Declaration

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My address is _____, _____, _____, _____, _____.
                                            (street)   (city)   (state)   (zip code)   (country)

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                                                                                              (month)   (year)

_____
Signature of Candidate/Officeholder (Declarant)