| The C/OH Instruction (                              | Juide explains how                             | to complete this form.        | 1 Filer ID (Ethics Commission Filers                    | Total pages filed:  |
|---|--|-------------------------------|---|---|
| 3 CANDIDATE /<br>OFFICEHOLDER                       | MS / MRS / MR                                  | FIRST<br>Tim BARKE            | MI<br>L   | OFFICE USE ONLY   |
| NAME  | NICKNAME                                       | LAST<br>Banker                |   |   |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS | ADDRESS / PO BOX;                              | APT / SUITE #; C              | CITY; STATE; ZIP CODE                                   | MAR 2 7 2024  |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE               | AREA CODE                                      | PHONE NUMBER                  | EXTENSION   | Date Hand-delivered or Date Postmarked  |
| 6 CAMPAIGN<br>TREASURER<br>NAME                     | MS / MRS / MR                                  | FIRST<br>Pam                  | MI  | Receipt # Amount \$     Date Processed  |
|   | NICKNAME                                       | BARKER                        | SUFFIX  | Date Imaged   |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS                  | STREET ADDRESS (                               | NO PO BOX PLEASE); APT / SI   | UITE #; CITY;   | STATE; ZIP CODE   |
| (Residence or Business)                             |  |                               |   |   |
| 8 CAMPAIGN<br>TREASURER<br>PHONE                    | AREA CODE                                      | PHONE NUMBER                  | EXTENSION   |   |
| 9 REPORT TYPE                                       | January 15                                     | 30th day before e             | lection Runoff  | 15th day after campaign<br>treasurer appointment<br>(Officeholder Only)   |
|   | July 15  | 8th day before ele            | Exceeded Modified<br>Reporting Limit                    | Final Report (Attach C/OH - FR)   |
| 10 PERIOD<br>COVERED                                | Month  | Day Year                      | THROUGH 63  | and the second se |
| 11 ELECTION   | ELECTION DA                                    | TE<br>Year Primary<br>General | ELECTION TYPE<br>Runoff Other<br>Description<br>Special | A CALL STREET   |
| 12 OFFICE   | OFFICE HELD (if any)                           | U TI                          | 13 OFFICE SOUGHT (if kno                                | wn)   |
| 14 NOTICE FROM<br>POLITICAL<br>COMMITTEE(S)         | THIS BOX IS FOR NOTIC<br>THE CANDIDATE / OFFIC | EHOLDER. THESE EXPENDITURES   | ACCEPTED OR POLITICAL EXPENDITURES                      | MADE BY POLITICAL COMMITTEES TO SUPPORT<br>ANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR<br>F THEY RECEIVE NOTICE OF SUCH EXPENDITURES.   |
| 000000000000000000000000000000000000000             | COMMITTEE TYPE                                 | COMMITTEE NAME                |   |   |
| Additional Pages                                    | GENERAL  | COMMITTEE ADDRESS             |   |   |
|   | SPECIFIC                                       | COMMITTEE CAMPAIGN TRE        | ASURER NAME   |   |
|   |  | COMMITTEE CAMPAIGN TRE        | EASURER ADDRESS   |   |
|   |  | GO TO                         | PAGE 2  |   |

| 15 C/OH NAME                   |   | 16 Filer ID (Ethics Commission Filers)   |
|--------------------------------|---|--|
| 17 CONTRIBUTION<br>TOTALS      | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN<br>PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR<br>CONTRIBUTIONS MADE ELECTRONICALLY) | \$                                       |
| S C E AN                       | 2. TOTAL POLITICAL CONTRIBUTIONS<br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$                                       |
| EXPENDITURE<br>TOTALS          | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$                                       |
| T <sub>e</sub>                 | 4. TOTAL POLITICAL EXPENDITURES   | \$                                       |
| CONTRIBUTION<br>BALANCE        | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST<br>OF REPORTING PERIOD   | DAY \$                                   |
| OUTSTANDING<br>LOAN TOTALS     | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD   | THE \$                                   |
|                                | wear, or affirm, under penalty of perjury, that the accompanying report is true   | and correct and includes all information |
| reo                            | quired to be reported by me under Title 15, Election Code.  |  |
|                                | A . B.  | 4.                                       |
|                                | Signature of Can  | didate or Officeholder                   |
|                                |   |  |
|                                |   |  |
|                                |   |  |
| IN NE                          | Please complete either option below:  |  |
| H STA                          |   |  |
|                                |   |  |
| (1) Affidavite 30              |   |  |
| (1) Affidavit                  |   |  |
| 11,01/                         | 27/20/111   |  |
| NOTARY STAMP/SEA               | nume.   |  |
| Sworn to and subscribed        | before me by Tim Barker this the 2  | 25 day of March.                         |
| 20 ZY, to certify              | which, witness my hand and sear of office.  | Notary Public                            |
| Signature of officer administe |   | Title of officer administering oath      |
|                                | OR  |  |
| (2) Unsworn Declarati          |   |  |
| My name is                     | , and my date of birth is   |  |
|                                |   |  |
|                                | (street) (city) (st   | ate) (zip code) (country)                |
| Executed in                    | County, State of, on the day of(month)  | , 20<br>(year)                           |
|                                | (month)   | (year)                                   |
|                                | Signature of Candida  | te/Officeholder (Declarant)              |
|                                |   |  |

| The C/OH Instruction G                              | Guide explains how    | to complete this form.      | 1 Filer ID (Ethics Commission Filers)  | 2 Total pages filed:   |
|---|-----------------------|-----------------------------|--|--|
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME               | MS / MRS / MR         | FIRST                       | ,<br>K                                 | OFFICE USE ONLY  |
|   | NICKNAME              | SCHNEIDER                   | SUFFIX                                 | DECEIVE  |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS | ADDRESS / PO BOX;     | APT / SUITE #; (            | CITY; STATE; ZIP CODE                  | MAR 2 7 2024   |
| Change of Address                                   |                       |                             |  |  |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE               | AREA CODE             | PHONE NUMBER                | EXTENSION                              | Receipt # Amount \$  |
| 6 CAMPAIGN<br>TREASURER<br>NAME                     | MS / MRS / MR         | FIRST                       | MI<br>L                                | Date Processed   |
| NAME  | NICKNAME              | LAST<br>SCHNEIDER           | SUFFIX                                 | Date Imaged  |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS                  | STREET ADDRESS        |                             | :::::::::::::::::::::::::::::::::::::: | STATE; ZIP CODE  |
| (Residence or Business)                             |                       |                             |  |  |
| 8 CAMPAIGN<br>TREASURER<br>PHONE                    | AREA CODE             | PHONE NUMBER                | EXTENSION                              |  |
| 9 REPORT TYPE                                       | January 15            | 30th day before e           | election Runoff                        | 15th day after campaign<br>treasurer appointment<br>(Officeholder Only)  |
|   | July 15               | 8th day before ele          | Exceeded Modified<br>Reporting Limit   | Final Report (Attach C/OH - FR)  |
| 10 PERIOD<br>COVERED                                | Month                 | Day Year<br>101/2024        | THROUGH 03                             | Day Year<br>125 / 2024   |
| 11 ELECTION   | ELECTION DA           | TE                          | ELECTION TYPE                          |  |
|   | Month Day             | Year Primary                | Runoff Other Description               | 200 (44) - C   |
| 1990 - A.A.   | / /                   | General                     | Special                                |  |
| 12 OFFICE   | OFFICE HELD (if any)  | ry council                  | 13 OFFICE SOUGHT (if know              | n)   |
| 14 NOTICE FROM<br>POLITICAL                         | THE CANDIDATE / OFFIC | EHOLDER. THESE EXPENDITURES | S MAY HAVE BEEN MADE WITHOUT THE CAN   | WADE BY POLITICAL COMMITTEES TO SUPPORT<br>IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR<br>THEY RECEIVE NOTICE OF SUCH EXPENDITURES. |
| COMMITTEE(S)  | COMMITTEE TYPE        | COMMITTEE NAME              |  |  |
| Additional Pages                                    | GENERAL               | COMMITTEE ADDRESS           |  |  |
|   | SPECIFIC              | COMMITTEE CAMPAIGN TRE      | ASURER NAME                            |  |
|   |                       | COMMITTEE CAMPAIGN TR       | EASURER ADDRESS                        |  |
| 1.47 5.47   |                       | GO TO                       | PAGE 2                                 |  |

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

· ····

| 15 C/OH NAME   |   |   | 16 Filer ID (Ethics Commission Filers) |  |  |
|--|---|---|--|--|--|
| 17 CONTRIBUTION<br>TOTALS  | 1. TOTAL UNITEMIZED POLITIC<br>PLEDGES, LOANS, OR GUAR<br>CONTRIBUTIONS MADE ELE  |   | ° \$ ⊘                                 |  |  |
| JVIJOE   | 2. TOTAL POLITICAL CONTR<br>(OTHER THAN PLEDGES, LO.  | BUTIONS<br>ANS, OR GUARANTEES OF LOANS    | \$ 0                                   |  |  |
| EXPENDITURE<br>TOTALS  | 3. TOTAL UNITEMIZED POLITIC   | AL EXPENDITURE.                           | \$                                     |  |  |
|  | 4. TOTAL POLITICAL EXPEN  | DITURES                                   | \$ 0                                   |  |  |
| CONTRIBUTION<br>BALANCE  | 5. TOTAL POLITICAL CONTRIBU<br>OF REPORTING PERIOD  | TIONS MAINTAINED AS OF THE LA             | ST DAY \$                              |  |  |
| OUTSTANDING<br>LOAN TOTALS   | 6. TOTAL PRINCIPAL AMOUNT O<br>LAST DAY OF THE REPORTIN   | F ALL OUTSTANDING LOANS AS C<br>IG PERIOD | IF THE \$                              |  |  |
|  | 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. |   |  |  |  |
|  |   | / /                                       |  |  |  |
|  |   | AS -                                      | 2                                      |  |  |
|  |   | Signature of C                            | andidate or Officeholder               |  |  |
|  |   |   |  |  |  |
|  |   |   |  |  |  |
|  | MILLING   |   |  |  |  |
| MININ  | TH TEL  | olete either option below                 | v:                                     |  |  |
| 13/0   | ARY PUBLIC S  |   |  |  |  |
| (1) Affidavit  |   |   |  |  |  |
| =*   |   |   |  |  |  |
| (1) Affidavit  | ATE OF THE OF   |   |  |  |  |
| 111,0  | 1/27/202  |   |  |  |  |
| NOTARY STAMP/SEAL  | Minimum.  |   |  |  |  |
|  |   | a'doc                                     | ac Mart                                |  |  |
| Sworn to and subscribed be   | efore me by Steven Scl  | this the                                  | LO day of /VIGMM,                      |  |  |
| 20 24, to certify which, witness my hand and seal of office.<br>White Teves Notary Public                              |   |   |  |  |  |
| Signature of officer administering oath Printed name of officer administering oath Title of offider administering oath |   |   |  |  |  |
|  |   | OR  |  |  |  |
| (2) Unsworn Declaration  | 1   |   |  |  |  |
| My name is   |   | , and my date of birth is                 | s                                      |  |  |
|  | -   |   | ······································ |  |  |
|  | (street)  |   | state) (zip code) (country)            |  |  |
| Executed in  | County, State of  | , on the day of                           | , 20                                   |  |  |
|  |   | (mont                                     | h) (year)                              |  |  |
|  |   | Signature of Cand                         | date/Officeholder (Declarant)          |  |  |

### FORM C/OH COVER SHEET PG 1

| The C/OH Instruction C                              | Guide explains how       | to complete this form.   | 1 Filer ID (Ethic: | s Commission Filers)               | 2 Total pages filed:  |
|---|--------------------------|--|--------------------|------------------------------------|---|
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME               | MS / MRS / MR            | DAVID  |                    | МІ                                 | OFFICE USE ONLY   |
| et al.  | NICKNAME                 | 1/oulgar   | is                 | SUFFIX                             |   |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS | ADDRESS / PO BOX         | ; APT / SUITE #; C   | artos Tr           | zip code                           | MAR 2 7 2024  |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE               | AREA CODE                | PHONE NUMBER   | EXTEN              | ISION                              | Date Hand-delivered or Date Postmarked  |
| 6 CAMPAIGN<br>TREASURER<br>NAME                     | MS / MRS / MR            | FIRST  |                    | MI                                 | Receipt # Amount \$   |
|   | NICKNAME                 | Joulder  | S                  | SUFFIX                             | Date Imaged   |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS                  | STREET ADDRESS           | NO PO BOX PLEASE APT / SI  |                    | 1                                  | STATE; ZIP CODE   |
| (Residence or Business)                             |                          | and the second |                    |                                    |   |
| 8 CAMPAIGN<br>TREASURER<br>PHONE                    | AREA CODE                | PHONE NUMBER   | EXTEN              | SION                               |   |
| 9 REPORT TYPE                                       | January 15               | 30th day before e  | lection R          | Runoff                             | 15th day after campaign<br>treasurer appointment<br>(Officeholder Only)   |
|   | July 15                  | 8th day before ele   |                    | xceeded Modified<br>eporting Limit | Final Report (Attach C/OH - FR)   |
| 10 PERIOD<br>COVERED                                | Month                    | Day Year   | THROUGH            | Month                              | Day Year  |
| 11 ELECTION   | ELECTION DA<br>Month Day | TE Primary   | Runoff             | ELECTION TYPE                      |   |
| N MARK  | Month Day<br>05/04/      | Copy General   | Special            | Description                        |   |
| 12 OFFICE   | OFFICE HELD (if any)     | w #4   | 13 OFFICE          |                                    | ma  |
| 14 NOTICE FROM<br>POLITICAL<br>COMMITTEE(S)         | THE CANDIDATE / OFFIC    | CEHOLDER. THESE EXPENDITURES   | MAY HAVE BEEN MAD  | E WITHOUT THE CAN                  | ADE BY POLITICAL COMMITTEES TO SUPPORT<br>DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR<br>HEY RECEIVE NOTICE OF SUCH EXPENDITURES. |
| Additional Pages                                    | GENERAL                  | COMMITTEE ADDRESS  | ASURER NAME        |                                    |   |
|   |                          | COMMITTEE CAMPAIGN TRE   | EASURER ADDRESS    |                                    |   |
|   |                          | GO TO  | PAGE 2             |                                    |   |

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| 15 C/OH NAME   |  | 16 Filer ID (Ethics Commission Filers)                    |
|--|--|---|
| 17 CONTRIBUTION<br>TOTALS  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (<br>PLEDGES, LOANS, OR GUARANTEES OF LOANS, O<br>CONTRIBUTIONS MADE ELECTRONICALLY) |   |
|  | 2. TOTAL POLITICAL CONTRIBUTIONS<br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES  | s of loans) \$  |
| EXPENDITURE<br>TOTALS  | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.   | \$ 0  |
|  | 4. TOTAL POLITICAL EXPENDITURES  | \$ \$   |
| CONTRIBUTION<br>BALANCE  | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS<br>OF REPORTING PERIOD  | S OF THE LAST DAY \$                                      |
| OUTSTANDING<br>LOAN TOTALS   | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LAST DAY OF THE REPORTING PERIOD  | LOANS AS OF THE \$  |
|  | wear, or affirm, under penalty of perjury, that the accompanying uired to be reported by me under Title 15, Election Code.       | g report is true and correct and includes all information |
|  |  | gnature of Candidate or Officeholder                      |
| (1) Affidavit  | Please complete either opti  | ion below:  |
| NOTARY STAMP/SEAL  |  | acth Manula   |
| 21   | before me by <u>David Voulgaris</u><br>which, witness my hand and seal of office.<br>(Twy neth Teves                             | this the day of $March_{,}$                               |
| fall leu   |  | Notary Tublic   |
| Signature of officer administer  |  | Notary Public<br>Title of officer administering oath      |
| Signature of officer administer  | ring oath Printed name of officer administering oath OR  | Notary Public<br>Title of officer administering oath      |
| Signature of officer administer  | ring oath Printed name of officer administering oath OR  |   |
| Signature of officer administer (2) Unsworn Declaration My name is               | ring oath Printed name of officer administering oath OR  |   |
| Signature of officer administer  | ring oath Printed name of officer administering oath OR  | ate of birth is   |
| Signature of officer administer (2) Unsworn Declaration My name is My address is | ring oath Printed name of officer administering oath OR  | ate of birth is<br>,,,<br>_) (state) (zip code) (country) |
| Signature of officer administer (2) Unsworn Declaration My name is My address is | ring oath Printed name of officer administering oath OR  | ate of birth is<br>,,,<br>_) (state) (zip code) (country) |