FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00088232 12 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Ms. Cynthia M. NAME Date Received **ELECTRONICALLY FILED** 07/15/2024 NICKNAME LAST **SUFFIX** Barbare CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 4447 N. Central Expressway MAILING Amount Receipt # **ADDRESS** Suite 110, PMB #234 Change of Address Dallas, TX 75205 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. James R. NAME NICKNAME LAST **SUFFIX** Brosche STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE: **TREASURER** P.O. Box 26 **ADDRESS** (Residence or Business) Walnut Springs, TX 76690 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (817) 233-5143 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2024 06/30/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/05/2024 X General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Court Of Appeals, Justice Place 5 District 5

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 12

13 C / OH NAME	Barbare, Cynthia M.	(Ms.)	14 Filer ID (00088232	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	the candidate's or office	ommittees to support the sholder's knowledge or tice of such expenditures.		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS(OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	\$ 13,250.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 4,255.01
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L ERIOD	AST DAY OF THE	\$ 12,832.50
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS RTING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.		
		Ms. C	ynthia M. Barbare	
		Signature of	Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to c	ertify which, witness my hand and seal of office.		
Signature of office	cer administering oath	Printed name of officer administering oath	Title of officer	r administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			C	OVER S	HEET PG 3 3 of 12
	LER NAM	(Ethics Cor	mmission Filers)		
		E SUBTOTALS SCHEDULE		SUBT	OTAL AMOUNT
1.	Х	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	13,250.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.	X	SCHEDULE E(J): LOANS (JUDICIAL)		\$	0.00
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	3,651.98
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	603.03
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11	· 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12	. 🔲	\$			

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDULE A	(J)1
	The Instru	ction Guide explains how	1	Total pages Schedule A(J)1: Sch: 1/3 Rpt: 4/12			
2	FILER NAME Barbare, Cyl	nthia M. (Ms.)			3	Filer ID (Ethics Commission 00088232	Filers)
4						Amount of Contribution (\$)	\$750.00
		Dallas, TX 75214		T			
8		Principal Occupation		9 Contributor's Job Title			
L	Attorney			Attorney			
10		employer/law firm f Clark Birdsal		11 Law firm of contributor's sp	oous	se (II any)	
12	If contributor is	s a child, law firm of parent(s) (if	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/04/2024	Coppell Republican Wom Contributor address; City; S		\$	51,000.00		
		Coppell, TX 75019					
	Contributor's I	Principal Occupation		Contributor's Job Title	•		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)	
	If contributor is	s a child, law firm of parent(s) (if	any)				
F	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/05/2024	Cummings, Tammy R. Contributor address; City; S Dallas, TX 75204	State; Zip Code			\$	1,000.00
	Contributor's F	IPrincipal Occupation		Contributor's Job Title	<u> </u>		
	Attorney			Attorney			
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)	
	Law Office o	f Tammy R. Cummings					
	If contributor is	s a child, law firm of parent(s) (if	any)				

	MONET	ARY POLITICAL (CONTRIBUTIO	DNS		SCHEDULE A(J)1
	The Instru	ction Guide explains how	1	Total pages Schedule A(J)1: Sch: 2/3 Rpt: 5/12		
2	FILER NAME Barbare, Cyl	nthia M. (Ms.)	3	Filer ID (Ethics Commission Filers) 00088232		
4						Amount of Contribution (\$) \$1,000.00
Ļ		Dallas, TX 75214-2931		Ta a		
8	Contributor's Retired	Principal Occupation		9 Contributor's Job Title Retired		
10		ampleyer/low firm				on (if any)
10	None	employer/law firm		11 Law firm of contributor's sp	ous	se (II ally)
12		s a child, law firm of parent(s) (if a	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)
	04/30/2024 Knox, William T. Contributor address; City; State; Zip Code					\$500.00
	Contributor's F	Dallas, TX 75202-4401 Principal Occupation		Contributor's Job Title	<u> </u>	
	Attorney	morpai Occupation		Attorney		
	William ("Bill	employer/law firm ") T. Knox, Attorney at Law s a child, law firm of parent(s) (if a	any)	Law firm of contributor's sp	oous	se (if any)
H	Data	F. II			_	Account of Ocatalla tion (b)
	Date 04/01/2024	Full name of contributor Orion Security Services, I Contributor address; City; Si			•	Amount of Contribution (\$) \$5,000.00
		Lucas, TX 75002		.		
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if a	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	1	Total pages Schedule A(J)1: Sch: 3/3 Rpt: 6/12		
2	FILER NAME Barbare, Cyr	nthia M. (Ms.)	3	Filer ID (Ethics Commission Filers) 00088232		
4						Amount of Contribution (\$) \$2,500.00
Ļ	O a materilla contra da la f	Dallas, TX 75227		O Contributanta Jak Titla		
8		Principal Occupation		9 Contributor's Job Title		
10	Attorney	employer/law firm		Attorney 11 Law firm of contributor's sp	20110	on (if any)
10	Law Office F			Law IIIII of Contributor's Sp	Jous	se (II aliy)
12	If contributor is	s a child, law firm of parent(s) (i	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	05/20/2024	Preston West Republica Contributor address; City; Dallas, TX 75248			\$500.00	
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Continuator o	molpai Goddpallon		Contributor 5 005 Title		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (i	any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	05/23/2024	Sisler, David (Mr.)				\$1,000.00
		Contributor address; City; Frisco, TX 75034	State; Zip Code			
	Contributor's I	Principal Occupation		Contributor's Job Title	_	
	Retired			Retired		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	None					
	If contributor is	s a child, law firm of parent(s) (i	any)			

	LOANS (J	UDICIAL)				SCHE	DULE E	(J)
	The Instructio	on Guide explains how to complete this	form.	1		ges Schedul 1 Rpt: 7/12		
2	FILER NAME Barbare, Cynthia	a M. (Ms.)		1	Filer ID	(Ethics Cor	mmission Fi	lers)
4	TOTAL OF UN	IITEMIZED LOANS		<u>. </u>		\$		0.00
5	Date of loan	7 Name of lender ut-of-state P	AC (ID#:)	9 Loan An	mount (\$)	
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code			10 Interest		
						11 Maturity	Date	
12	2 Lender's Principal	Occupation	13 Lender's Job Title					
14	1 Lender's Employer	r/Law Firm	15 Law Firm of lender's spous	se (if	any)			
16	If lender is child, la	aw firm of parent(s) (if any)	1					
17	7 Description of Coll	ateral	18 Check if personal funds we	ere c	leposited		account structions)	
19	GUARANTOR INFORMATION	20 Name of guarantor	•			22 Amount	Guarantee	d (\$)
23	not applicable not applicable	21 Guarantor address; City; State; pal Occupation	Zip Code 24 Guarantor's Job Title					
25	5 Guarantor's Emplo	over/Low Eirm	26 Law Firm of guarantor's spouse (if any)					
	· 		20 Law I IIII of guarantor 3 Sp	Jous	c (ii dily)			
27	' If guarantor is child	d, law firm of parent(s) (if any)						

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense Eve Accounting/Banking Fee Consulting Expense Foo Contributions/ Donations Made By - Gifts

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Cobadula F1		ilore\
1	Total pages Schedule F1: Sch: 1/3 Rpt: 8/12	2 FILER NAME Barbare, Cynthia M. (Ms.) 3 Filer ID (Ethics Commission F 00088232	iiers)
4	Date	5 Payee name	
	04/13/2024	Anedot, Inc.	
6	Amount (\$) \$100.30	7 Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Fees Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Fee for contribution to campaign bank account through Anedot.	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH	
_	Date	Payee name	
	04/16/2024	Anedot, Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$30.30	1340 Poydras Street	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Suite 1770	
		New Orleans, LA 70112	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Fee for contribution to campaign bank account through Anedot.	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	05/23/2024	Anedot, Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$40.30	1340 Poydras Street	
		Suite 1770	
		New Orleans, LA 70112	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Fee from contribution to campaign bank accou	nt
		through Anedot.	ııt
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	S		ages	/Contract Labor		OTHER (enter a	strict a category not listed abov	e)
Ļ		-		The Instruction Gu	nue explains no	w to con	пріє	te this form.	_			
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission	1 Filers)
	Sch: 2/3 Rpt: 9/12		Barbare, Cy	nthia M. (Ms.)						00088232		
4	Date	5	Payee name									
	02/16/2024		Axiom Strate	egies								
6	Amount (\$)	7	Payee addres	ss; City;	State; 2	Zin Cod	de					
	\$300.00		800 W. 47th		,	,						
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Suite 200									
				MO C4112								
			Kansas City	, MO 64112								
8	PURPOSE OF	(a)	Category (Se	e Categories listed at th	ne top of this schedu	ule)	(b)	Description				
	EXPENDITURE		Consulting E	Expense				=		de of Texas. Con officeholder livin	plete Schedule T.	
								Logo consulti				
								Logo consum	ng	τοι σαπραίζ	ji i.	
_	Operation ONLY if allowed	<u> </u>			04					O#: I-	-1-1	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	cenoider name	ОПІ	ice soug	gnt			Office h	ela	
		_										
	Date		Payee name									
	05/03/2024		Axiom Strate	egies								
	Amount (\$)		Payee addres	ss; City;	State; 2	Zip Cod	de					
	\$450.00		800 W. 47th	Street								
			Suite 200									
			Kansas City	. MO 64112								
	PURPOSE	(2)				I	(h)	Description				
	OF	(۳)	Advertising I	e Categories listed at th	ne top of this schedu	ule)	(10)	`	outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITURE		Auvertising	Схрепзе				<u></u>		officeholder livin		
								Push/Palm ca	ard	design exp	ense.	
	Complete ONLY if direct		Candidate/Offic	ceholder name	Offi	ice soug	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	04/26/2024		Bluestone C	reatives, L.L.C.								
	Amount (\$)	H	Payee addres	ss; City;	State; 2	Zin Cod	de					
	\$1,220.83		306 N. Broa	•	Otatio, I	p						
	Ψ1,220.00		000 N. Broa	away Gacca								
			lachus TV	7000								
			Joshua, TX									
	PURPOSE OF	(a)		e Categories listed at th	ne top of this schedu	ule)	(b)	Description				
	EXPENDITURE		Consulting E	Expense						officeholder livin	plete Schedule T.	
								Campaign we				
								Jan.,paigii WC		Looigii 0		
_	Complete ONLY if direct	<u> </u>	Candidate/Offic	reholder name	∩ffi	ice soug	tdr			Office h	eld	
	expenditure to benefit C/OI		zanaidate/OIII	Choidel Hallie	Oili	เออ อบนปู	JIIL			Onice II	Ciu	
_												

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/3 Rpt: 10/12	Barbare, Cynthia M. (Ms.) 00088232
4	Date	5 Payee name
	06/06/2024	Taylor CPA, Lawrence A.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,187.50	151 W. Crystal Canyon Circle
		The Woodlands, TX 77389
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		CPA fee for Campaign.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/24/2024	Veritex Community Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.27	2101 Abrams Road
		Dallas, TX 75214
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fee for checks through bank.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	05/21/2024	Visible Dialogue
	Amount (\$)	Payee address; City; State; Zip Code
	\$284.48	5435 North Garland Avenue
	Ψ204.40	Suite 140-334
		Garland, TX 75040
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Push card printing expense for Campaign push/palm
		cards.
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	• • • • • • • • • • • • • • • • • • •

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gitt/Awards/Memorials Expense Legal Services The Instruction Guide explains		xpense Wages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2 FILER NAM	1E			3 Filer ID (Ethics Commission Filers)
	Sch: 1/2 Rpt: 11/12	Barbare, C	Cynthia M. (Ms.)			00088232
4	Date	5 Payee name	e			
	01/25/2024	GoDaddy.	Com, LLC			
6	Amount (\$)	7 Payee addr	ess; City; State	; Zip Co	ode	
	\$100.64	2155 Go D	Daddy Way			
	Reimbursement from political contributions intended	Tempe, Az	Z 85284			
8	PURPOSE	(a) Category (See Categories listed at the top of this sch	nedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Advertisino	g Expense		l L	Check if Austin, TX, officeholder living expense
					Website domain	expense for campaign.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	eholder name		Office sought	Office held
	Date	Payee name	e			
	01/21/2024	Kaufman (County Republican Party			
	Amount (\$)	Payee addr	ess; City; State	; Zip Co	ode	
	\$100.00	209 E. Fai	r Street			
	Reimbursement from political contributions intended	Kaufman,	TX 75142			
	PURPOSE	_	See Categories listed at the top of this sch	nedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF	Event Exp	•	,		Check if Austin, TX, officeholder living expense
	EXPENDITURE				Pro Pay for Repu Jim Jordan prese	ublican event dinner for Candidates with entation.
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	eholder name		Office sought	Office held
	Date	Payee name	e			
	06/27/2024	1 ′	Store 5059			
Г	Amount (\$)	Payee addr	ess; City; State	; Zip Co	ode	
	\$240.00	4447 N. C	entral Expressway			
	Reimbursement from	Suite 110				
	x political contributions intended	Dallas, TX	75205			
	PURPOSE	Category (See Categories listed at the top of this sch	nedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Ove	erhead/Rental Expense			Check if Austin, TX, officeholder living expense
	EXI ENDITORE				UPS mailbox ren	ntal expense for campaign mail.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	eholder name		Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Polling I y - Gift/Awards/Memorials Expense Printing	verhead/Rental Expense Expense Expense /Wages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
	Credit Card Fayinent	The Instruction Guide explains how to o	complete this form.			
1	Total pages Schedule G:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)		
	Sch: 2/2 Rpt: 12/12	Barbare, Cynthia M. (Ms.)		00088232		
4	Date	5 Payee name	I			
	03/08/2024	Visable Dialogue				
6	Amount (\$)	7 Payee address; City; State; Zip C	code			
	\$54.13	5435 North Garland Avenue				
	Reimbursement from	Suite 140-334				
	x political contributions intended	Garland, TX 75040				
_			(h) Description	Check if traval autoids of Tayas, Complete Schoolule T		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(a) = coon	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
	EXPENDITURE	Printing Expense	-	nted campaign cards.		
			Delivery lee for pili	med campaign cards.		
9	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held		
ľ	expenditure to benefit	Canadate/Onicerolaer Harrie	Office Sought	Chief Held		
	C/OH					
	Date	Payee name				
	04/17/2024	Visible Dialogue				
	Amount (\$)	Payee address; City; State; Zip C	code			
	\$54.13	5435 North Garland Avenue				
	Reimbursement from	Suite 140-334				
	X political contributions intended Garland, TX 75040					
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.		
	OF	Printing Expense		Check if Austin, TX, officeholder living expense		
	EXPENDITURE		Delivery fee for pri	nted additional campaign cards.		
	•	Candidate/Officeholder name	Office sought	Office held		
	expenditure to benefit C/OH					
		1				
	Date	Payee name				
	04/30/2024	Visible Dialogue				
	Amount (\$)	Payee address; City; State; Zip C	Code			
	\$54.13					
	X Reimbursement from political contributions	Suite 140-334				
	intended	Garland, TX 75040				
	PURPOSE OF	Category (See Categories listed at the top of this schedule)	I	Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Printing Expense		Check if Austin, TX, officeholder living expense		
			Delivery fee for add	ditional campaign cards.		
	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held		
	expenditure to benefit	Candidate/Officeholder name	Onice Sought	Office field		
	C/OH					