



# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

2 of 13

**13 C / OH NAME** Barbare, Cynthia M. (Ms.) **14 Filer ID** (Ethics Commission Filers)  
00088232

**15 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.

Additional Pages

|   |   |
|---|---|
| <b>COMMITTEE TYPE</b>                       | <b>COMMITTEE NAME</b>   |
| <input checked="" type="checkbox"/> GENERAL | Judicial Fairness PAC   |
| <input type="checkbox"/> SPECIFIC           | <b>COMMITTEE ADDRESS</b><br>919 Congress Avenue<br>Suite 455<br>Austin, TX 78701                    |
|   | <b>COMMITTEE CAMPAIGN TREASURER NAME</b><br>Parsley, E. Lee   |
|   | <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b><br>919 Congress Avenue<br>Suite 455<br>Austin, TX 78701 |

|                                |  |              |
|--------------------------------|--|--------------|
| <b>16 CONTRIBUTION TOTALS</b>  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0.00      |
|                                | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                       | \$ 7,900.00  |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES   | \$ 0.00      |
|                                | 4. <b>TOTAL POLITICAL EXPENDITURES</b>   | \$ 7,008.14  |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 15,502.76 |
| <b>OUTSTANDING LOAN TOTALS</b> | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  | \$ 1,283.28  |

**17 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.

Ms. Cynthia M. Barbare  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# SUBTOTALS - JC/OH

| <b>18 FILER NAME</b><br>Barbare, Cynthia M. (Ms.) |                                     | <b>19 Filer ID</b><br>00088232   | (Ethics Commission Filers) |
|---|-------------------------------------|--|----------------------------|
| <b>20 SCHEDULE SUBTOTALS</b>                      |                                     |  | SUBTOTAL AMOUNT            |
| NAME OF SCHEDULE                                  |                                     |  |                            |
| 1.  | <input checked="" type="checkbox"/> | SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)                        | \$ 7,900.00                |
| 2.  | <input type="checkbox"/>            | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$                         |
| 3.  | <input type="checkbox"/>            | SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)                                    | \$                         |
| 4.  | <input type="checkbox"/>            | SCHEDULE E(J): LOANS (JUDICIAL)  | \$                         |
| 5.  | <input checked="" type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                   | \$ 4,945.26                |
| 6.  | <input type="checkbox"/>            | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$                         |
| 7.  | <input type="checkbox"/>            | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                  | \$                         |
| 8.  | <input type="checkbox"/>            | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$                         |
| 9.  | <input checked="" type="checkbox"/> | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                             | \$ 2,062.88                |
| 10.   | <input type="checkbox"/>            | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH             | \$                         |
| 11.   | <input type="checkbox"/>            | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                | \$                         |
| 12.   | <input type="checkbox"/>            | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$                         |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                 |   | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 1/3 Rpt: 4/13 |
| <b>2</b> FILER NAME<br>Barbare, Cynthia M. (Ms.)                                 |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088232   |
| <b>4</b> Date<br>08/22/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Dallas Star Republican Women's Club | <b>7</b> Amount of Contribution (\$)<br>\$250.00           |
| <b>6</b> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75211-6222 |   |  |
| <b>8</b> Contributor's Principal Occupation                                      |   | <b>9</b> Contributor's Job Title                           |
| <b>10</b> Contributor's employer/law firm  |   | <b>11</b> Law firm of contributor's spouse (if any)        |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any)              |   |  |
| Date<br>09/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Hanke, Dawn                                  | Amount of Contribution (\$)<br>\$200.00                    |
| Contributor address; City; State; Zip Code<br><br>Wichita Falls, TX 76310        |   |  |
| Contributor's Principal Occupation<br>Retired                                    |   | Contributor's Job Title<br>Retired                         |
| Contributor's employer/law firm<br>None  |   | Law firm of contributor's spouse (if any)                  |
| If contributor is a child, law firm of parent(s) (if any)                        |   |  |
| Date<br>08/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Park Cities Republican Women                 | Amount of Contribution (\$)<br>\$600.00                    |
| Contributor address; City; State; Zip Code<br><br>Dallas, TX 75205               |   |  |
| Contributor's Principal Occupation   |   | Contributor's Job Title                                    |
| Contributor's employer/law firm  |   | Law firm of contributor's spouse (if any)                  |
| If contributor is a child, law firm of parent(s) (if any)                        |   |  |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

|  |  |   |
|--|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>       |  | 1 Total pages Schedule A(J)1:<br>Sch: 2/3 Rpt: 5/13         |
| 2 FILER NAME<br>Barbare, Cynthia M. (Ms.)                              |  | 3 Filer ID (Ethics Commission Filers)<br>00088232           |
| 4 Date<br>09/05/2024   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Poynor, Kent H. | 7 Amount of Contribution (\$)<br><br>\$500.00               |
|  | 6 Contributor address; City; State; Zip Code<br><br>Dallas, TX 75206                                 |   |
| 8 Contributor's Principal Occupation<br>Attorney                       |  | 9 Contributor's Job Title<br>Attorney                       |
| 10 Contributor's employer/law firm<br>Self                             |  | 11 Law firm of contributor's spouse (if any)                |
| 12 If contributor is a child, law firm of parent(s) (if any)           |  |   |
| Date<br>09/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Pszanka, Mickie   | Amount of Contribution (\$)<br><br>\$150.00                 |
|  | Contributor address; City; State; Zip Code<br><br>Berthound, CO 80513                                |   |
| Contributor's Principal Occupation<br>President of Sales and Marketing |  | Contributor's Job Title<br>President of Sales and Marketing |
| Contributor's employer/law firm<br>Global Open Wound CARR              |  | Law firm of contributor's spouse (if any)                   |
| If contributor is a child, law firm of parent(s) (if any)              |  |   |
| Date<br>09/23/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Simonek, Dean     | Amount of Contribution (\$)<br><br>\$1,000.00               |
|  | Contributor address; City; State; Zip Code<br><br>Lancaster, TX 75134                                |   |
| Contributor's Principal Occupation<br>President                        |  | Contributor's Job Title<br>President                        |
| Contributor's employer/law firm<br>A Plus Industrial                   |  | Law firm of contributor's spouse (if any)                   |
| If contributor is a child, law firm of parent(s) (if any)              |  |   |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>    |  | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 3/3 Rpt: 6/13 |
| <b>2</b> FILER NAME<br>Barbare, Cynthia M. (Ms.)                    |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088232   |
| <b>4</b> Date<br>09/21/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Stanton, Dan<br>.....<br><b>6</b> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75244 | <b>7</b> Amount of Contribution (\$)<br><br>\$100.00       |
| <b>8</b> Contributor's Principal Occupation<br>Agent                |  | <b>9</b> Contributor's Job Title<br>Agent                  |
| <b>10</b> Contributor's employer/law firm<br>State Farm Insurance   |  | <b>11</b> Law firm of contributor's spouse (if any)        |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any) |  |  |
| Date<br>07/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Texans for Lawsuit Reform PAC<br>.....<br>Contributor address; City; State; Zip Code<br><br>Austin, TX 78701  | Amount of Contribution (\$)<br><br>\$5,000.00              |
| Contributor's Principal Occupation                                  |  | Contributor's Job Title                                    |
| Contributor's employer/law firm                                     |  | Law firm of contributor's spouse (if any)                  |
| If contributor is a child, law firm of parent(s) (if any)           |  |  |
| Date<br>09/13/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Tijerina, Crystal<br>.....<br>Contributor address; City; State; Zip Code<br><br>Dallas, TX 75212              | Amount of Contribution (\$)<br><br>\$100.00                |
| Contributor's Principal Occupation<br>Cosmetologist                 |  | Contributor's Job Title<br>Cosmetologist                   |
| Contributor's employer/law firm<br>Larc Salon                       |  | Law firm of contributor's spouse (if any)                  |
| If contributor is a child, law firm of parent(s) (if any)           |  |  |

# 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 Committee  
Credit Card Payment

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
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)

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/2 Rpt: 7/13      | <b>2</b> FILER NAME<br>Barbare, Cynthia M. (Ms.)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088232   |
| <b>4</b> Date<br>09/23/2024                                  | <b>5</b> Payee name<br>Anedot, Inc.   |  |
| <b>6</b> Amount (\$)<br>\$63.50                              | <b>7</b> Payee address; City; State; Zip Code<br>1340 Poydras Street<br>Suite 1770<br>New Orleans, LA 70112   |  |
| <b>8</b> PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Online web-based fundraising and donor platform for contributions/donations to campaign. |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>07/16/2024   | Payee name<br>Axiom Strategies  |  |
| Amount (\$)<br>\$450.00                                      | Payee address; City; State; Zip Code<br>800 W. 47th Street<br>Suite 200<br>Kansas City, MO 64112  |  |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Consulting Expense   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Consulting expense for campaign.   |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>09/05/2024   | Payee name<br>Keepers Press, LLC  |  |
| Amount (\$)<br>\$2,787.44                                    | Payee address; City; State; Zip Code<br>520 Loma Vista<br><br>Heath, TX 75032   |  |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Printing Expense   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Printing expense for signs and stakes for same.  |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held  |

# 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 Committee  
Credit Card Payment

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
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)

The Instruction Guide explains how to complete this form.

|   |   |  |             |
|---|---|--|-------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 2/2 Rpt: 8/13             | <b>2</b> FILER NAME<br>Barbare, Cynthia M. (Ms.)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088232   |             |
| <b>4</b> Date<br>09/23/2024   | <b>5</b> Payee name<br>Keepers Press, LLC   |  |             |
| <b>6</b> Amount (\$)<br>\$1,644.32                                  | <b>7</b> Payee address; City; State; Zip Code<br>520 Loma Vista<br><br>Heath, TX 75032      |  |             |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Printing Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Printing expense for signs and magnets for same. |             |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought  | Office held |

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
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)

The Instruction Guide explains how to complete this form.

|  |  |   |
|--|--|---|
| <b>1</b> Total pages Schedule G:<br>Sch: 1/5 Rpt: 9/13   | <b>2</b> FILER NAME<br>Barbare, Cynthia M. (Ms.)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088232  |
| <b>4</b> Date<br>09/23/2024  | <b>5</b> Payee name<br>Amazon  |   |
| <b>6</b> Amount (\$)<br>\$292.29<br><br><input type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br>251 Little Falls Drive<br><br>Wilmington, DE 19808  |   |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | <b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Personalized wristbands to distribute at campaign meetings and/or meet and greet events. |
|  | <b>9</b> Complete ONLY if direct expenditure to benefit C/OH<br>Candidate/Officeholder name Office sought Office held                      |   |
| Date<br>09/07/2024   | Payee name<br>Amazon   |   |
| Amount (\$)<br>\$14.06<br><br><input type="checkbox"/> Reimbursement from political contributions intended           | Payee address; City; State; Zip Code<br>251 Little Falls Drive<br><br>Wilmington, DE 19808   |   |
| <b>PURPOSE OF EXPENDITURE</b>  | Category (See Categories listed at the top of this schedule)<br>Solicitation/Fundraising Expense   | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Thank you cards for campaign donations and/or contributions.  |
|  | <b>9</b> Complete ONLY if direct expenditure to benefit C/OH<br>Candidate/Officeholder name Office sought Office held                      |   |
| Date<br>09/14/2024   | Payee name<br>Amazon   |   |
| Amount (\$)<br>\$9.52<br><br><input type="checkbox"/> Reimbursement from political contributions intended            | Payee address; City; State; Zip Code<br>251 Little Falls Drive<br><br>Wilmington, DE 19808   |   |
| <b>PURPOSE OF EXPENDITURE</b>  | Category (See Categories listed at the top of this schedule)<br>Personalized name tags for campaign meetings and/or meet and greet events. | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Personalized name tags for campaign meetings and/or meet and greet events.                          |
|  | <b>9</b> Complete ONLY if direct expenditure to benefit C/OH<br>Candidate/Officeholder name Office sought Office held                      |   |

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
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)

The Instruction Guide explains how to complete this form.

|  |   |   |
|--|---|---|
| <b>1</b> Total pages Schedule G:<br>Sch: 2/5 Rpt: 10/13  | <b>2</b> FILER NAME<br>Barbare, Cynthia M. (Ms.)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088232  |
| <b>4</b> Date<br>09/10/2024  | <b>5</b> Payee name<br>Amazon   |   |
| <b>6</b> Amount (\$)<br>\$19.90<br><br><input type="checkbox"/> Reimbursement from political contributions intended    | <b>7</b> Payee address; City; State; Zip Code<br>251 Little Falls Drive<br><br>Wilmington, DE 19808   |   |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Personalized name tags for campaign meetings and/or meet and greet events. | <b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Personalized name tags for campaign meetings and/or meet and greet events.     |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name   | Office sought                      Office held  |
| Date<br>09/15/2024   | Payee name<br>Kaufman County Republican Party   |   |
| Amount (\$)<br>\$75.00<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended  | Payee address; City; State; Zip Code<br>209 E. Fair Street<br><br>Kaufman, TX 75142   |   |
| <b>PURPOSE OF EXPENDITURE</b>  | Category (See Categories listed at the top of this schedule)<br>Event Expense   | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Kaufman County political event and dinner.  |
| Complete ONLY if direct expenditure to benefit C/OH  | Candidate/Officeholder name   | Office sought                      Office held  |
| Date<br>09/10/2024   | Payee name<br>Kaufman County Republican Party   |   |
| Amount (\$)<br>\$500.00<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code<br>209 E. Fair Street<br><br>Kaufman, TX 75142   |   |
| <b>PURPOSE OF EXPENDITURE</b>  | Category (See Categories listed at the top of this schedule)<br>Event Expense   | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Kaufman County Republican Event - Boots & Trump - Table, dinner, and other event expense. |
| Complete ONLY if direct expenditure to benefit C/OH  | Candidate/Officeholder name   | Office sought                      Office held  |

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
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)

The Instruction Guide explains how to complete this form.

|  |   |   |
|--|---|---|
| <b>1</b> Total pages Schedule G:<br>Sch: 3/5 Rpt: 11/13  | <b>2</b> FILER NAME<br>Barbare, Cynthia M. (Ms.)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088232  |
| <b>4</b> Date<br>09/09/2024  | <b>5</b> Payee name<br>Merchbro Inc/Wristband Bros  |   |
| <b>6</b> Amount (\$)<br>\$97.43<br><br><input type="checkbox"/> Reimbursement from political contributions intended    | <b>7</b> Payee address; City; State; Zip Code<br>1005 Main Street<br>Unit 8130<br>Pawtucket, RI 02860 |   |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense        | <b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Personalized wristbands to distribute at campaign meetings and/or meet and greet events. |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name   | Office sought                      Office held  |
| Date<br>09/10/2024   | Payee name<br>Merchobro Inc/Wristband Bros.   |   |
| Amount (\$)<br>\$268.56<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code<br>1005 Main Street<br>Unit 8130<br>Pawtucket, RI 02860          |   |
| <b>PURPOSE OF EXPENDITURE</b>  | Category (See Categories listed at the top of this schedule)<br>Advertising Expense                   | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Personalized wristbands to distribute at campaign functions and/or meet and greet events.           |
| Complete ONLY if direct expenditure to benefit C/OH  | Candidate/Officeholder name   | Office sought                      Office held  |
| Date<br>09/21/2024   | Payee name<br>Mesquite Republican Women's Club  |   |
| Amount (\$)<br>\$42.00<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended  | Payee address; City; State; Zip Code<br>P.O. Box 831626<br><br>Mesquite, TX 75185                     |   |
| <b>PURPOSE OF EXPENDITURE</b>  | Category (See Categories listed at the top of this schedule)<br>Event Expense                         | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Mesquite Republican Women's Club 29th Annual Luncheon & Fashion Show event.                         |
| Complete ONLY if direct expenditure to benefit C/OH  | Candidate/Officeholder name   | Office sought                      Office held  |

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
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)

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule G:<br>Sch: 4/5 Rpt: 12/13   | <b>2</b> FILER NAME<br>Barbare, Cynthia M. (Ms.)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088232   |
| <b>4</b> Date<br>09/09/2024   | <b>5</b> Payee name<br>Tractor Supply Co   |  |
| <b>6</b> Amount (\$)<br>\$194.43<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br>1740 North Belt Line Road<br><br>Mesquite , TX 75149                                |  |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Cable ties, and t-posts for signs.                        | <b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Black cable ties, and t-posts for signs.                  |
|   | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate/Officeholder name Office sought Office held         |  |
| Date<br>09/16/2024  | Payee name<br>Tractor Supply Co  |  |
| Amount (\$)<br>\$32.46<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended           | Payee address; City; State; Zip Code<br>1740 North Belt Line Road<br><br>Mesquite , TX 75149   |  |
| <b>PURPOSE OF EXPENDITURE</b>   | Category (See Categories listed at the top of this schedule)<br>Cable ties for signs.  | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Cable ties for signs - Coda<br>11 IN/120 LB Cable Tie Black.         |
|   | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate/Officeholder name Office sought Office held         |  |
| Date<br>09/23/2024  | Payee name<br>Tractor Supply Co  |  |
| Amount (\$)<br>\$264.73<br><br><input type="checkbox"/> Reimbursement from political contributions intended                     | Payee address; City; State; Zip Code<br>1740 North Belt Line Road<br><br>Mesquite , TX 75149   |  |
| <b>PURPOSE OF EXPENDITURE</b>   | Category (See Categories listed at the top of this schedule)<br>T-posts for campaign signs and cable ties to secure them to t-posts. | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>T-posts for campaign signs and cable ties to secure them to t-posts. |
|   | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate/Officeholder name Office sought Office held         |  |

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
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)

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule G:<br>Sch: 5/5 Rpt: 13/13   | <b>2</b> FILER NAME<br>Barbare, Cynthia M. (Ms.)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088232  |
| <b>4</b> Date<br>09/14/2024   | <b>5</b> Payee name<br>Tractor Supply Co  |   |
| <b>6</b> Amount (\$)<br>\$237.60<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br>1740 North Belt Line Road<br><br>Mesquite , TX 75149                 |   |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>T-posts and cable ties for campaign signs. | <b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>T-posts and cable ties to secure signs to t-posts. |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH  | Candidate/Officeholder name   | Office sought                      Office held  |

|   |   |  |
|---|---|--|
| Date<br>09/09/2024  | Payee name<br>Walmart   |  |
| Amount (\$)<br>\$14.90<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code<br>5001 McKinney Ranch Pkwy.<br><br>McKinney, TX 75070 |  |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br>Black cable ties for signs. | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Black cable ties for signs - 2 - 100 count packages. |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name   | Office sought                      Office held   |