FORM C/OH CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 15 00088125 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Mr. Barry NAME Date Received **ELECTRONICALLY FILED** 01/14/2025 NICKNAME LAST **SUFFIX** Wernick CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 13770 Noel Rd. MAILING Amount Receipt # **ADDRESS** #800646 Change of Address Dallas, TX 75380 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Barry NAME NICKNAME LAST **SUFFIX** Wernick **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER** 13770 Noel Rd. **ADDRESS** #800646 (Residence or Business) Dallas, TX 75380 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (972) 503-5895 **PHONE** REPORT **TYPE** January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR) July 15 8th day before election Exceeded modified reporting limit **PERIOD** Month Day Year Month Day Year **COVERED THROUGH** 07/01/2024 12/31/2024

Month

ELECTION DATE

Year

Day

03/05/2024

OFFICE HELD (if any)

None Dallas

10 ELECTION

11 OFFICE

χ Primary

General

ELECTION TYPE

12 OFFICE SOUGHT (if known)

State Representative District 108

Other

Runoff

Special

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 15

13 C / OH NAME	Wernick, Barry (Mr.)		14 Filer ID (Ethics Commis	ssion Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without in I officeholders are required to report this information	the candidate's or office	holder's knowl	edge or			
Additional Pages	COMMITTEE TYPE COMMITTEE NAME							
	GENERAL							
		COMMITTEE ADDRESS						
	SPECIFIC							
		COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS					
16 CONTRIBUTION TOTALS	\$	0.00						
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$	0.00			
EXPENDITURE TOTALS								
	4. TOTAL POLITIC	AL EXPENDITURES		\$	6,474.61			
CONTRIBUTION BALANCE	REPORTING PE			\$	11,941.95			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING 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.						
		Mr	. Barry Wernick					
		Signature of	Candidate or Officehol	der				
AFFIX NO	TARY STAMP / SEAL AB	DVE						
		aid	, this the	(day			
of	, 20, to co	ertify which, witness my hand and seal of office.						
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering	oath			

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 15 19 Filer ID 18 FILER NAME (Ethics Commission Filers) 00088125 Wernick, Barry (Mr.) **20 SCHEDULE SUBTOTALS** SUBTOTAL AMOUNT NAME OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 3. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 6,474.61 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

SCHEDULE F1

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

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 Salaries/Wages/Contract Labor

nt Solicitation/Fundraising Expense
e Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this f	orm.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 1/12 Rpt: 4/15	Wernick, Barry (Mr.)	00088125
4	Date	5 Payee name	•
	09/05/2024	American Airlines	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$15.00	P.O. Box 619616	
		DFW Airport, TX 75261-9616	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	ption
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9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
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	Date	Payee name	
	09/16/2024	Campbell, Aubree	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,000.00	2300 Summer Oaks Ct	
		Arlington, TX 76011	
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	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
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	Date	Payee name	
	07/26/2024	Constant Contact	
	Amount (\$)	Payee address; City; State; Zip Code	
	Amount (\$) \$170.56	Payee address; City; State; Zip Code 1601 Trapelo Road	
		1601 Trapelo Road	
	\$170.56	1601 Trapelo Road Waltham, MA 02451	ntion
	\$170.56 PURPOSE OF	1601 Trapelo Road Waltham, MA 02451 (a) Category (See Categories listed at the top of this schedule) (b) Descrip	ption ck if travel outside of Texas. Complete Schedule T.
	\$170.56 PURPOSE	1601 Trapelo Road Waltham, MA 02451 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Checker C	ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense
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	\$170.56 PURPOSE OF EXPENDITURE	1601 Trapelo Road Waltham, MA 02451 (a) Category (See Categories listed at the top of this schedule) Advertising Expense Checkedule Checkedule	ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense Marketing
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SCHEDULE F1

Advertising Expense E Accounting/Banking F Consulting Expense F 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	d Comi	Giftz mittee Leg Th e	Awards/Memorials Ex Al Services E Instruction Guid			pense ages/	e /Contract Labor		Travel Out of Di OTHER (enter a	strict	isted above)
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	Sch: 2/12 Rpt: 5/15	-	Wernick, Barry	(Mr.)						00088125		
4	Date	l	Payee name									
	09/26/2024	Ľ	Constant Cont	act								
6	Amount (\$)	l	Payee address;	City;	State;	Zip Coo	de					
	\$170.56		1601 Trapelo F	Road								
		\ <u>\</u>	Waltham, MA ()2451								
8	PURPOSE OF			ategories listed at the	top of this sched	dule)	(b)	Description				
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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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/12 Rpt: 6/15	Wernick, Barry (Mr.) 00088125
4	Date	5 Payee name
	12/26/2024	Constant Contact
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$170.56	1601 Trapelo Road
		Waltham, MA 02451
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Email Marketing
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	⊣
	Date	Payee name
	08/26/2024	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$170.56	1601 Trapelo Road
		Waltham, MA 02451
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
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		Arlington, VA 22202
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SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Contributions/ Expendence/Political Committee

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

t Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/12 Rpt: 7/15	Wernick, Barry (Mr.) 00088125
4	Date	5 Payee name
	08/01/2024	Dallas County Republican Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,500.00	1617 N Central Expy
	!	Suite 240
	!	Dallas, TX 75243
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	!	Candidate/Officeholder/Political Committee
	!	25 25
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
	Date	Payee name
	07/11/2024	GoDaddy
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.19	2155 E. GoDaddy Way
	!	
		Tempe, AZ 85284
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
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	expenditure to benefit C/O	
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	09/11/2024	GoDaddy
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.19	2155 E. GoDaddy Way
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		Tempe, AZ 85284
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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
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		ages	es/Contract Labor OTHER (enter a category not listed above)	
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1	Total pages Schedule F1: Sch: 6/12 Rpt: 9/15	Wernick, Barry (Mr.)		3 Filer ID (Ethics Commission File 00088125	ers)
4	Date	5 Daylog name		I	
*		5 Payee name			
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l		Tempe, AZ 85284			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)) Description	
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9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	t Office held	
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	10/24/2024				
	10/24/2024	GoDaddy			
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		Tempe, AZ 85284			
l	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)) Description	
l	OF	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	·		Check if Austin, TX, officeholder living expense	
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	expenditure to benefit C/O		J		
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	Date	Payee name			
	10/30/2024	GoDaddy			
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
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Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

nt Solicitation/Fundraising Expense
e Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to comp	plet	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 7/12 Rpt: 10/15	Wernick, Barry (Mr.)		00088125
4	Date	5 Payee name		•
	11/01/2024	GoDaddy		
6	Amount (\$)	7 Payee address; City; State; Zip Code	9	
	\$22.17	2155 E. GoDaddy Way		
		Tempe, AZ 85284		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b	o)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense	١	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		[Check if Austin, TX, officeholder living expense
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9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt	Office held
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	Amount (\$)	Payee address; City; State; Zip Code	9	
	\$3.19	2155 E. GoDaddy Way		
		Tempe, AZ 85284		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Į	Check if travel outside of Texas. Complete Schedule T.
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	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt	Office held
	expenditure to benefit C/OI	9		
	Date	Payee name		
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	Amount (\$)	Payee address; City; State; Zip Code		
	\$35.16	2155 E. GoDaddy Way	•	
	Ψ00.10	2100 L. Cobaday Way		
		Tempe, AZ 85284		
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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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee Le	ift/Awards/Memorials E egal Services he Instruction Gui	•		ages	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Cabadula F1:	12			- 1			1	2	Filor ID	(Ethics Commission File	(C)
1	, ,			n (((A r)					3	Filer ID	(Eulics Commission File)	٥)
	Sch: 8/12 Rpt: 11/15		Wernick, Barı	y (IVII.)						00088125		
4	Date	5	Payee name									
	12/11/2024		GoDaddy									
6	Amount (\$)	7	Payee address	; City;	State;	Zip Cod	de					
	\$3.19		2155 E. GoD	addy Way								
			Tempe, AZ 8	5294								
Ļ			-									
8	PURPOSE OF	(a)		Categories listed at the		dule)	(b)	Description		d4.T O	alata Cabadula T	
	EXPENDITURE		Office Overhe	ead/Rental Expe	ense			<u> </u>		officeholder living	plete Schedule T.	
								Internet/Emai			у схренос	
9	Complete ONLY if direct	Ц,	Candidate/Office	holder name		ffice soug	thr			Office he	ald	
"	expenditure to benefit C/O		oanuidate/OIIICE	noluei Haille	Oi	mce sou(JIIL			Onice ne	s iu	
L		_										
	Date		Payee name									
	12/11/2024		GoDaddy									
	Amount (\$)		Payee address	; City;	State;	Zip Cod	de					
	\$3.19		2155 E. GoD	addy Way								
			Tempe, AZ 8	5284								
	DUDDOCE	(-)	•				/l-\					
	PURPOSE OF	(a)		Categories listed at the		dule)	(D)	Description	nutei	de of Teyas Com	plete Schedule T.	
	EXPENDITURE		Office Overne	ead/Rental Exp	ense			—		officeholder living		
								Internet/Webs			•	
\vdash	Complete ONLY if direct		Candidate/Office	holder name	Of	ffice soug	tht			Office he	eld	
	expenditure to benefit C/O				O.		٠٠			2,1100 110	- ·	
 	Data	_										
	Date		Payee name									
	12/24/2024		GoDaddy									
	Amount (\$)		Payee address		State;	Zip Coo	de					
	\$44.75		2155 E. GoD	addy Way								
			Tempe, AZ 8	5284								
	PURPOSE	(a)	Category (Sag	Categories listed at the	ton of this scho	dule)	(b)	Description				
	OF	<u> </u> `		ead/Rental Expe		adio)	. ,		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE							Check if Austin,	, TX,	officeholder living	j expense	
								Email/Website	e/Ir	nternet		
	Complete ONLY if direct		Candidate/Office	holder name	Of	ffice souç	ght			Office he	eld	
	expenditure to benefit C/OI	Н										

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

	Candidate/Officeholder/Politica Credit Card Payment	I 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: 9/12 Rpt: 12/15	Wernick, Barry (Mr.) 00088125
4	Date	5 Payee name
	08/12/2024	GoDaddy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.19	2155 E. GoDaddy Way
		Tempe, AZ 85284
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Internet/Website/Email
		internet website/Linaii
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
	07/19/2024	HP
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.91	3001 Dallas Pkwy
		Frisco, TX 75034
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Office Supplies
L	Complete ONL V if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
⊨		
	Date	Payee name
	09/23/2024	HP
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.91	3001 Dallas Pkwy
		Frisco, TX 75034
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Supplies
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
I	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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)

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	<u>-</u>	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 10/12 Rpt: 13/15	Wernick, Barry (Mr.)		0008812	5
4 Date	5 Payee name		•	
10/21/2024	HP			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$31.91	3001 Dallas Pkwy			
	Frisco, TX 75034			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	า	
OF EXPENDITURE	Office Overhead/Rental Expense	Check if tr	ravel outside of Texas. C	
			Austin, TX, officeholder li	ving expense
		Supplies		
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	laht	Office	held
expenditure to benefit C/O		agrit	Office	Ticiu
Data				
Date 11/18/2024	Payee name HP			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$31.91	3001 Dallas Pkwy			
	_ ·			
	Frisco, TX 75034			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Office Overhead/Rental Expense	. .	ravel outside of Texas. C Austin, TX, officeholder liv	
		Supplies	, , , , , , , , , , , , , , , , , , , ,	3 - 1
Complete ONLY if direct	Candidate/Officeholder name Office sou	ught	Office	held
expenditure to benefit C/O	Н			
Date	Payee name			
12/18/2024	HP			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$31.91	3001 Dallas Pkwy			
	Frisco, TX 75034			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	<u> </u>	
OF	Office Overhead/Rental Expense		ravel outside of Texas. C	complete Schedule T.
EXPENDITURE			Austin, TX, officeholder li	ving expense
		Supplies		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ught	Office	held
experience to beliefit 6/0	•			

SCHEDULE F1

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

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 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)

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 11/12 Rpt: 14/15	Wernick, Barry (Mr.)		00088125
4	Date	5 Payee name		<u> </u>
	08/23/2024	HP		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$31.91	3001 Dallas Pkwy		
		Frisco, TX 75034		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	Office Overhead/Rental Expense	(~)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Supplies
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
	experialitate to beliefit C/Oi	'		
	Date	Payee name		
	09/04/2024	Texas OAG Open Records		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$45.00	PO Box 12548		
		Austin, TX 78711-2548		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Open Records Request		Check if travel outside of Texas. Complete Schedule T.
	ZA ZADITORZ			Check if Austin, TX, officeholder living expense
				Election Information
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI		grit	Office field
	Date	Payee name		
	09/10/2024	Texas OAG Open Records		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$7.50	PO Box 12548		
		Austin, TX 78711-2548		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Public Information Request		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Election Information
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI		g. ''	S55 Hold

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	mmittee	Gift/Awai Legal Se	verage Expense rds/Memorials Ex rvices struction Guid			pense ages/	Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)		
1	Total pages Schedule F1:	2								3	Filer ID	(Ethics Commission Filers)		
	Sch: 12/12 Rpt: 15/15		Wernick, B	arry (M	r.)							00088125		
4	Date	5	Payee name	Э										
	11/26/2024		USPS											
6	Amount (\$)	7	Payee addre		City;	State;	Zip Co	de						
	\$292.00		13770 Noe	el Rd										
			Dallas, TX	75380										
8	PURPOSE	(a)	Category (See Catego	ories listed at the	top of this sch	edule)	(b)	Description					
	OF EXPENDITURE			Office Overhead/Rental Expense					Check if travel	f travel outside of Texas. Complete Schedule T.				
	EXI ENDITORE							I	_		officeholder living	expense		
									Postage Star	iiips	•			
9	Complete ONLY if direct		Candidate/Of	ficeholde	er name	C	Office sou	ght			Office he	eld		
	expenditure to benefit C/OI	Η												