### CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

#### FORM COR-C/OH

	`	ics Commission Filers)	2 Total pages filed:			OFFICE	USE ONLY
	00087985		23			Date Received	
	CANDIDATE /	MS / MRS / MR	FIRST		MI	ELECTRONIC	CALLY FILED
	OFFICEHOLDER NAME		Jeffrey M.			03/11/2025	
		NICKNAME	LAST		SUFFIX		
		Jeff	Barry			Date Hand-delivered	or Date Postmarked
	ORIGINAL	X January 15	Runoff	Other (s	pecify)	Bate Hand delivered	or Bate i ostinarica
	REPORT TYPE	July 15	Exceeded modified	reporting limit		Receipt #	Amount
		30th day before election	15th day after cam				
		8th day before election	appointment (office	• • •		Date Processed	
	ORIGINAL PERIOD	Month Day Yea		Month Day	Year	- Bata Image and	
	COVERED	10/27/2024	THROUGH	12/31/2024	rear	Date Imaged	
_	EXPLANATION OF C			12/01/2024			
		adds a single \$1,000 contri	hution which was rece	ived hefore the last da	v to accept cor	ntributions but was	s inadvertently omit
	AFFIDAVIT		and	ear, or affirm, under po correct. ck the box next to any	, , , ,		ed report is true
	AFFIDAVIT		and	correct.	and all applicas: I swear, or aith and without	able statements: r affirm that the original to the content of the content to mislest	ginal report
	AFFIDAVIT		and Che	correct.  ck the box next to any  Semiannual reports was made in good fa	and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine ginally filed is in	able statements:  r affirm that the original to misled in the report.  t that I am filing thises day after the day accurate or incom	ginal report ad or to is corrected ate I learned nplete. I
	AFFIDAVIT		and Che	correct.  ck the box next to any  Semiannual reports was made in good fa misrepresent the info  Other reports: I s report not later than that the report as ori swear, or affirm, that	and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine ginally filed is in	able statements:  r affirm that the original tan intent to misledined in the report.  , that I am filing thises day after the dinaccurate or incommission in the report	ginal report ad or to is corrected ate I learned nplete. I
			and Che	correct.  ck the box next to any  Semiannual reports was made in good fa misrepresent the info  Other reports: I s report not later than that the report as ori swear, or affirm, that filed was made in go	e and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine ginally filed is in any error or or ood faith.	able statements:  r affirm that the original tan intent to misledined in the report.  , that I am filing thises day after the dinaccurate or incommission in the report	ginal report ad or to is corrected ate I learned nplete. I
		AMP / SEAL ABOVE	and Che	correct.  ck the box next to any  Semiannual reports was made in good fa misrepresent the info  Other reports: I s report not later than that the report as ori swear, or affirm, that filed was made in go	e and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine ginally filed is in any error or or ood faith.	able statements:  r affirm that the original tan intent to misled in the report.  t, that I am filing thises day after the danaccurate or incommission in the report.	ginal report ad or to is corrected ate I learned nplete. I
	AFFIX NOTARY ST		and Che	correct.  ck the box next to any  Semiannual reports was made in good fa misrepresent the info  Other reports: I s report not later than that the report as ori swear, or affirm, that filed was made in go  Signatu	e and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine ginally filed is in any error or or ood faith. Jeffrey M.	able statements:  r affirm that the original tan intent to misler in the report.  , that I am filing thises day after the dinaccurate or incommission in the report.  Barry  e or Officeholder	ginal report ad or to is corrected ate I learned nplete. I ort as originally
	AFFIX NOTARY ST Sworn to and subsc	ribed before me, by the sai	and Che  X  A  A	correct.  ck the box next to any  Semiannual reports was made in good fa misrepresent the info  Other reports: I s report not later than that the report as or swear, or affirm, that filed was made in go  Signatu	and all applica s: I swear, or aith and without brmation contai swear, or affirm the 14th busine ginally filed is in t any error or or ood faith.  Jeffrey M. ire of Candidate _, this t	able statements:  r affirm that the original tan intent to misler in the report.  , that I am filing thises day after the dinaccurate or incommission in the report.  Barry  e or Officeholder	ginal report ad or to is corrected ate I learned nplete. I ort as originally
	AFFIX NOTARY ST Sworn to and subsc		and Che  X  A  A	correct.  ck the box next to any  Semiannual reports was made in good fa misrepresent the info  Other reports: I s report not later than that the report as or swear, or affirm, that filed was made in go  Signatu	and all applica s: I swear, or aith and without brmation contai swear, or affirm the 14th busine ginally filed is in t any error or or ood faith.  Jeffrey M. ire of Candidate _, this t	able statements:  r affirm that the original tan intent to misler in the report.  , that I am filing thises day after the dinaccurate or incommission in the report.  Barry  e or Officeholder	ginal report ad or to is corrected ate I learned nplete. I ort as originally

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commission 00087985	n Filers)	2 Total pages file 23	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST Jeffrey M.		MI	OFFICE U	SE ONLY
NAME		comey m.			Date Received ELECTRONICA	LLY FILED
	NICKNAME	LAST		SUFFIX	03/11/2025	
	Jeff	Barry				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered or I	Date Postmarked
OFFICEHOLDER MAILING ADDRESS	4418 Broadway St.				Receipt #	Amount
Change of Address	Pearland, TX 77581				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	_	
TREASURER NAME		Julia C.				
	NICKNAME	LAST		SUFFIX		
		Barry				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE):	APT / S	SUITE#; CITY;	STA <sup>-</sup>	TE; ZIP CODE
TREASURER ADDRESS	3503 Boxwood Gate Trail			,,		_,
(Residence or Business)	Pearland, TX 77581					
7 CAMPAIGN TREASURER		NE NUMBER E	EXTENSION			
PHONE	(713) 805-6493					
8 REPORT TYPE	X January 15	30th day before	election Ru	noff	15th day after cam	
		<b>_</b>			appointment (office	
	July 15	8th day before 6		ceeded modified porting limit	Final Report (Attac	h C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	10/27/2024	TH	IROUGH	12/31/2024	4	
10 ELECTION	ELECTION DATE		-	ELECTION TYPE		
	Month Day Year 11/05/2024		rimary	Runoff	Other	
	11/03/2024	ΧG	eneral	Special		
11 OFFICE	OFFICE HELD (if any)	<u> </u>	1	2 OFFICE SOUGHT	(if known)	
				State Representa	ative District 29	
	ı		1			
		GO T	O PAGE 2			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

3 of 23

13 C / OH NAME	Barry , Jeffrey M.		<b>14</b> Filer ID (00087985	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to difficeholders are required to report this information	the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	X GENERAL	Texas Alliance for Life PAC		
		COMMITTEE ADDRESS		
	SPECIFIC	8000 Centre Park Dr Ste 380		
		Austin, TX 78754		
		COMMITTEE CAMPAIGN TREASURER NAME		
		Shaw, James		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
		4505 Corazon Cv		
		Round Rock, TX 78681		
16 CONTRIBUTION TOTALS	N PLEDGES, LOANS, CTRONICALLY)	\$ 0.00		
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 39,400.00
EXPENDITURE TOTALS		<b>\$</b> 745.93		
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 50,890.33
CONTRIBUTION BALANCE	5. TOTAL POLITICATION REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LARIOD	AST DAY OF THE	\$ 70,727.10
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP 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 al under Title 15, Election Code.	of perjury, that the acc Il information required to	companying report is to be reported by me
		le	ffrey M. Barry	
			Candidate or Officehole	der
		Orginature of	Carrandate of Cinconer	401
AFFIX NO	TARY STAMP / SEAL ABO	OVE		
		aid	, this the	day
of	, 20, to ce	ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath

### **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

		4 of 23
18 FILER NAME	19 Filer ID	(Ethics Commission Filers)
Barry , Jeffrey M. (The Honorable)	00087985	
20 SCHEDULE SUBTOTALS	-	SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 39,400.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBU	JTIONS	\$ 50,566.53
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTR	RIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 323.80
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSI	NESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTR	RIBUTIONS	\$
12. X SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	<b>\$</b> 495.08

	MONET	ARY POLITICAL (	CONTRIBUTIO	ONS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains hov	v to complete this fo	orm.	1	1 Total pages Schedule A1: Sch: 1/11 Rpt: 5/23	
2	FILER NAME Barry , Jeffre	ey M. (The Honorable)			3	Filer ID (Ethics Commission 00087985	on Filers)
4	Date 12/06/2024	<ul><li>5 Full name of contributor</li><li>Allen Boone Humphries F</li><li>6 Contributor address; City; S</li></ul>			7	Amount of Contribution (\$)	\$1,000.00
		Houston, TX 77027					
8	Principal occu	pation / Job title (See Instruction:	5)	9 Employer (See Instructions	s)		
	Date 12/06/2024	Full name of contributor  American Property Casua  Contributor address; City; S	-			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Chicago, IL 60631 pation / Job title (See Instructions	5)	Employer (See Instructions	<u> </u> s)		
	Date 11/19/2024	Contributor address; City; S				Amount of Contribution (\$)	\$1,500.00
	Principal occu	Houston, TX 77098 pation / Job title (See Instructions	5)	Employer (See Instructions	<u> </u> s)		
	Date 12/03/2024	Full name of contributor Associated Builders & Co Contributor address; City; S Austin, TX 78767				Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Date 11/01/2024	Full name of contributor Association of Texas Pro Contributor address; City; S Austin, TX 78752				Amount of Contribution (\$)	\$3,000.00
	Principal occu	pation / Job title (See Instructions	S)	Employer (See Instructions	5)		
			l				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/11 Rpt: 6/23	
2	FILER NAME Barry , Jeffre	ey M. (The Honorable)		3	Filer ID (Ethics Commission 00087985	on Filers)
4	Date 12/06/2024	5 Full name of contributor out-of-state PAC (ID#:_ Carriage House Partners LLC  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1,000.00
_		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ Centene Corporation PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	St. Louis, MO 63105 pation / Job title (See Instructions)	Employer (See Instructions	)		
	•	,				
	Date 12/06/2024	Full name of contributor out-of-state PAC (ID#:_ Centerpoint Energy, Inc PAC Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1,000.00
		Houston, TX 77210				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 11/07/2024	Full name of contributor out-of-state PAC (ID#:_ Chadha, Sanjay  Contributor address; City; State; Zip Code  Bellaire, TX 77401	)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/06/2024	Full name of contributor \(\times\) out-of-state PAC (ID#: \(Comcast Corporation & NBCUniversal PAC Contributor address; City; State; Zip Code  Philadelphia, PA 19103	C00248716)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/11 Rpt: 7/23	
2	FILER NAME Barry , Jeffre	ey M. (The Honorable)		3	Filer ID (Ethics Commission 00087985	on Filers)
4	Date 12/05/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_ Fred Shannon LLC</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$2,000.00
_	Daine in all a con-	Austin, TX 78701	To Fundame (One best with the			
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<del></del>		
	Date 11/25/2024	Full name of contributor out-of-state PAC (ID#:_GHBA HOME-PAC			Amount of Contribution (\$)	\$200.00
	Principal occu	Houston, TX 77064  upation / Job title (See Instructions)	Employer (See Instructions	;)		
	- morpar occa	pation 7 000 tale (coe motione)	Employer (ede medacilene	<i>''</i>		
	Date 12/06/2024	Full name of contributor x out-of-state PAC (ID#: General Motors Company PAC  Contributor address; City; State; Zip Code	<u>C00076810</u>		Amount of Contribution (\$)	\$1,000.00
		Washington, DC 20001				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/06/2024	Full name of contributor out-of-state PAC (ID#:_ Gulf States Toyota Inc. State PAC Contributor address; City; State; Zip Code  Houston, TX 77077			Amount of Contribution (\$)	\$500.00
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 10/30/2024	Full name of contributor out-of-state PAC (ID#:_Holloway, Thomas  Contributor address; City; State; Zip Code  Pearland, TX 77581	)		Amount of Contribution (\$)	\$100.00
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
			1			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/11 Rpt: 8/23	
2	FILER NAME Barry , Jeffre	ey M. (The Honorable)		3	Filer ID (Ethics Commission 00087985	on Filers)
4	Date 10/28/2024	Full name of contributor		7	Amount of Contribution (\$)	\$1,000.00
_		Houston, TX 77082				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 12/06/2024	Full name of contributor out-of-state PAC (ID#:_ Houston Pilots PAC Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$500.00
	Principal occu	Deer Park, TX 77536  pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 11/14/2024	Full name of contributor out-of-state PAC (ID#:_ Houston Police Retired Officers Assn PAC Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#: Incline PAC Contributor address; City; State; Zip Code Austin, TX 78701	)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#:_ Independent Automobile Dealers PAC Contributor address; City; State; Zip Code  Austin, TX 78750			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/11 Rpt: 9/23	
2	FILER NAME Barry , Jeffre	ey M. (The Honorable)		3	Filer ID (Ethics Commission 00087985	n Filers)
4	Date 12/06/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$250.00
_	Dein sin al a sau	Austin, TX 78768	O Frankrije (Constructions)			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)		
	Date 12/03/2024	Full name of contributor out-of-state PAC (ID#:_Koza, Gerald  Contributor address; City; State; Zip Code  Pearland, TX 77581			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/03/2024	Full name of contributor out-of-state PAC (ID#:_ Koza, Jerry Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Pearland, TX 77588 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ Linebarger Goggan Blair & Sampson, LLP Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/06/2024	Full name of contributor out-of-state PAC (ID#:_Locke Lord LLP  Contributor address; City; State; Zip Code  Dallas, TX 75201			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIB	UTION	IS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 6/11 Rpt: 10/23	
2	FILER NAME Barry , Jeffre	y M. (The Honorable)			3	Filer ID (Ethics Commission 00087985	on Filers)
4	Date 12/06/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$500.00
		Austin, TX 78701					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
	Date 12/03/2024	Full name of contributor out-of-state PAMr. Sidewalk , LLC  Contributor address; City; State; Zip Code	AC (ID#:	)		Amount of Contribution (\$)	\$500.00
	Principal occu	Kingwood, TX 77325 pation / Job title (See Instructions)		Employer (See Instructions	-, 		
	Fillicipal occu	pation / Job title (See instructions)		Employer (See instructions	·)		
	Date 11/11/2024	Full name of contributor out-of-state P/ National Association of Insurance and Fi Contributor address; City; State; Zip Code	inancial Ad			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78746 pation / Job title (See Instructions)		Employer (See Instructions	  -  s)		
	·						
	Date 12/11/2024	Full name of contributor x out-of-state P/PNM Responsible Citizens Group  Contributor address; City; State; Zip Code  Albuquerque, NM 87102	AC (ID#: <u>NM:</u>	1631 )		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/12/2024	Full name of contributor out-of-state PARepublic Services Inc. Employees for Be Contributor address; City; State; Zip Code Phoenix, AZ 85054	etter Gover			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
			1				

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 7/11 Rpt: 11/23	
2	FILER NAME Barry , Jeffre	ey M. (The Honorable)		3	Filer ID (Ethics Commission 00087985	on Filers)
4	Date 12/11/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$500.00
_	Daine in all a second	Austin, TX 78741				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)		
	Date 12/06/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Assn of Life and Health Insurers Life Insu Contributor address; City; State; Zip Code  Austin, TX 78767			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 11/19/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Association of Nurse Anesthetists PAC Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$500.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/06/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Bankers Association Bankers PAC Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 10/29/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Building Branch Associated General Cont Contributor address; City; State; Zip Code  Austin, TX 78701	tractors PAC		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/11 Rpt: 12/23	
2	FILER NAME Barry , Jeffre	ey M. (The Honorable)		3	Filer ID (Ethics Commission 00087985	on Filers)
4	Date 12/12/2024	Full name of contributor	liance FREEPAC	7	Amount of Contribution (\$)	\$500.00
		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 12/06/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Cornerstone Credit Union League PAC Contributor address; City; State; Zip Code  Dallas, TX 75265	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Craft Brewers Guild PAC - Craft PAC Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$500.00
	Dringing occur	Austin, TX 78766  pation / Job title (See Instructions)	Employer (See Instructions			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	,		
	Date 11/19/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Deer Assn PAC  Contributor address; City; State; Zip Code  Austin, TX 78703			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 10/31/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Food & Fuel Assn. PAC Contributor address; City; State; Zip Code Austin, TX 78701	)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 9/11 Rpt: 13/23		
2	FILER NAME Barry , Jeffre	ey M. (The Honorable)		3	Filer ID (Ethics Commission 00087985	n Filers)	
4	Date 12/06/2024	5 Full name of contributor out-of-state PAC (ID#:_ Texas Land Title Association PAC  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1,000.00	
		Austin, TX 78703					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)			
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Manufactured Housing Assoc., Inc PAC Contributor address; City; State; Zip Code  Austin, TX 78759			Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ Texas McDonald's Operators Association PAC, Contributor address; City; State; Zip Code	lnc.		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	Athens, TX 75751 pation / Job title (See Instructions)	Employer (See Instructions	)			
		,					
	Date 12/05/2024	Full name of contributor out-of-state PAC (ID#: Texas Medical Assn PAC  Contributor address; City; State; Zip Code  Austin, TX 78701	)		Amount of Contribution (\$)	\$250.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 12/05/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Medical Assn PAC Contributor address; City; State; Zip Code  Austin, TX 78701	)		Amount of Contribution (\$)	\$250.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1				
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 10/11 Rpt: 14/23		
2	FILER NAME Barry , Jeffre	ey M. (The Honorable)		3 Filer ID (Ethics Commission Filer: 00087985			
4	Date 12/06/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$1,000.00	
_		Austin, TX 78705					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)			
	Date 12/06/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Trial Lawyers Association PAC Contributor address; City; State; Zip Code  Austin, TX 78701	)		Amount of Contribution (\$)	\$1,500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 12/06/2024	Full name of contributor out-of-state PAC (ID#:_ Titus, Jean Ann Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00	
	Principal occu	Dallas, TX 75231 pation / Job title (See Instructions)	Employer (See Instructions				
	rincipal occu	pation / 300 title (See Instructions)	Employer (See Instructions	,			
	Date 11/11/2024	Full name of contributor out-of-state PAC (ID#:_ Valero Energy Corporation PAC Contributor address; City; State; Zip Code San Antonio, TX 78269	)		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 12/14/2024	Full name of contributor out-of-state PAC (ID#:_ Vistra Employee PAC of Vistra Corp.  Contributor address; City; State; Zip Code  Irving, TX 75039			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			

ARY POLITICAL CONTRIBUTION	SCHEDULE A1	
ction Guide explains how to complete this fo	rm.	1 Total pages Schedule A1: Sch: 11/11 Rpt: 15/23
		3 Filer ID (Ethics Commission Filers) 00087985
<ul> <li>Full name of contributor  out-of-state PAC (ID#:</li></ul>	)	7 Amount of Contribution (\$) \$1,000.00
Austin, TX 78701		
pation / Job title (See Instructions)	Employer (See Instructions	5)
	ction Guide explains how to complete this for ey M. (The Honorable)  5 Full name of contributor  out-of-state PAC (ID#: Wholesale Beer Distributors Of Texas PAC  6 Contributor address; City; State; Zip Code  Austin, TX 78701	by M. (The Honorable)  5 Full name of contributor out-of-state PAC (ID#:) Wholesale Beer Distributors Of Texas PAC  6 Contributor address; City; State; Zip Code  Austin, TX 78701

#### 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	nmittee	Gift/Award Legal Serv <b>The Inst</b>				xpens Vages			Travel in Distric Travel Out of Di OTHER (enter a	
1	Total pages Schedule F1:	2								3	Filer ID	(Ethics Commission Filers)
L	Sch: 1/6 Rpt: 16/23	L	Barry , Jeffre	ey M. (	The Honor	rable)					00087985	
4	Date	5	Payee name									
L	12/16/2024	L	Abby's Shoe	e Found	dation							
6	Amount (\$)	7	Payee addres	ss; C	City;	State;	Zip Co	ode				
	\$250.00		6531 Sam R	Rayburn	ı Dr							
			Manvel, TX	77578								
8	PURPOSE	(a)	Category (Se	e Categori	es listed at the t	top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Contribution				:44				de of Texas. Con officeholder livin	nplete Schedule T.
			Candidate/C	πiceno	ider/Politic	ai Commi	ittee		Charitable Do			g expense
9	Complete ONLY if direct		Candidate/Offic	ceholder	name	0	office sou	ıght			Office h	eld
	expenditure to benefit C/O											
	Date		Payee name									
	11/12/2024		Alvin Comm	unity C	ollege Fou	ındation						
	Amount (\$)		Payee addres		City;		Zip Co	ode				
	\$540.00		3110 Musta	•	-	,	•					
				-								
			Alvin, TX 77	511								
	PURPOSE	(a)	Category (Se	e Categori	es listed at the t	ton of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Contribution				, aa.o,		Check if travel			nplete Schedule T.
	EXPENDITORE		Candidate/C	Officeho	lder/Politic	al Commi	ittee		_		officeholder livin	
									Donation to S	cn	olarsnip Ful	na
_	Complete ONLY if direct		Candidate/Offic	-aholder	name		office sou	laht Taht			Office h	hla
	expenditure to benefit C/O		aı ıuıuate/OIIIC	Jenoluel	name	O	11106 201	agrit			Office II	GIU
	Data		Davis a viv									
	Date 10/31/2024		Payee name Alvin/Manve	l Δrop (	Chamber o	of Comme	rce					
_								nd c				
	Amount (\$) \$600.00		Payee address 105 West W	•	City;	State;	Zip Co	bue				
	\$600.00		TOO MASE M	iiis Sl								
			Alvin, TX 77	511								
	PURPOSE	<del> </del>			-			(h)	Docariation			
	OF	(a)	Category (Se	e Categori	es listed at the t	top of this sche	edule)	(0)	Description Check if travel	outsi	de of Texas. Con	nplete Schedule T.
	EXPENDITURE								<b></b>		officeholder livin	•
									COH Membe	rsh	ip Dues	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder	name	0	office sou	ught			Office h	eld
	oxperialitate to beliefit 6/01											

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	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: 2/6 Rpt: 17/23	Barry , Jeffrey M. (The Honorable) 00087985
4	Date	5 Payee name
	11/08/2024	Alvin/Manvel Area Chamber of Commerce
6	Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code 105 West Willis St  Alvin, TX 77511
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  COH Sponsorship of Chamber Event
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/02/2024	Amazon
	Amount (\$) \$841.05	Payee address; City; State; Zip Code 440 Terry Avenue N Seattle, WA 98109
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Televisions and Supplies for Capitol Office
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/04/2024	Amazon
	Amount (\$) \$109.59	Payee address; City; State; Zip Code 440 Terry Avenue N
		Seattle, WA 98109
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Supplies for Capitol Office
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### 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

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

	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: 3/6 Rpt: 18/23	Barry , Jeffrey M. (The Honorable) 00087985
4	Date	5 Payee name
	11/21/2024	Barry, Jeff
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12,500.00	3503 Boxwood Gate Trail
		Pearland, TX 77581
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement
		Check if Austin, TX, officeholder living expense  Repayment of COH Loan to Campaign
		Repayment of Corr Loan to Campaign
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	11/08/2024	Brazoria County Day
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	P.O. Box 351
	, ,	
		Angleton, TX 77516
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Sponsorship of Brazoria County Day
		Sponsoromp of Brazonia County Bay
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	11/14/2024	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$127.92	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.
		COH Email Marketing Expense
		COH Email Marketing Expense
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### 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

	Credit Card Payment	The Instruction Guide explains how to con	-	te this form.
1	Total pages Schedule F1: Sch: 4/6 Rpt: 19/23	2 FILER NAME Barry , Jeffrey M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00087985
4	Date 12/06/2024	5 Payee name Constant Contact		1
6	Amount (\$) \$127.92	7 Payee address; City; State; Zip Coo 1601 Trapelo Road Waltham, MA 02451	le	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  COH Email Marketing Expense
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	ht	Office held
	Date 11/05/2024	Payee name Hometown Sports Bar & Grill		
	Amount (\$) \$1,150.16	Payee address; City; State; Zip Coo 1853 Pearland Pkwy Pearland, TX 77581	le	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Venue and Refreshments for Campaign Event
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	ht	Office held
	Date 10/29/2024	Payee name Hunt Research LLC		
	Amount (\$) \$6,400.00	Payee address; City; State; Zip Coo PO Box 6353 Tyler, TX 75711	le	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign Polling Expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	ht	Office held

#### SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By - Giff(Alwards/Me)

Fees Food/Beverage Expense
Gift/Awards/Memorials Expen
ommittee Legal Services

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

	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: 5/6 Rpt: 20/23	Barry , Jeffrey M. (The Honorable)	00087985
4	Date	5 Payee name	
	12/31/2024	Murphy Nasica	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$4,546.50	PO Box 1648	
		Austin, TX 78767	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		outside of Texas. Complete Schedule T.
	EXPENDITURE		n, TX, officeholder living expense
		Design and I	Distribution of Digital Voter Contact
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	10/29/2024	Murphy Nasica	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$15,000.00	PO Box 1648	
		Austin, TX 78767	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin	n, TX, officeholder living expense
			onsulting Fee - Reported on Prior Sch
		F2	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	10/31/2024	SGL Consultants	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,987.50	1711 Gunwale Rd	
		Houston, TX 77062	
-	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		outside of Texas. Complete Schedule T.
	EXPENDITURE	Solicitation/i unuruising Expense	n, TX, officeholder living expense
		Campaign F	undraising Consulting
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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			al Committee Legal Services Salaries/Wages/Contra				/Contract Labor					
	orean oura r dyment		TI	ne Instruction	Guide explair	ns how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)	
	Sch: 6/6 Rpt: 21/23		Barry , Jeffrey	M. (The H	onorable)					00087985		
┝	Date	5	Dayaa nama	-								
*		3	Payee name	4_								
L	12/12/2024		SGL Consulta	nis								
6	Amount (\$)	7	Payee address;	City;	Sta	te; Zip Co	de					
	\$1,825.00		1711 Gunwale	e Rd								
l												
			Houston, TX 7	77062								
ᆫ			Tiousion, TX	7002								
8	PURPOSE	(a)	Category (See	Categories listed	at the top of this s	schedule)	(b)	Description				
l	OF EXPENDITURE		Solicitation/Fu	ndraising E	xpense						nplete Schedule T.	
l								_		officeholder living		
l								Campaign Fu	ınaı	alsing Con	suiting	
9	Complete ONLY if direct		Candidate/Office	holder name		Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	4										
H	Date		Dayoo nama									
l			Payee name	l:								
	12/27/2024		Southwest Air	lines								
	Amount (\$)		Payee address;	City;	Sta	te; Zip Co	de					
	\$314.96		2702 Love Fie	eld Dr								
			Dallas, TX 75	225								
┡												
	PURPOSE OF	(a)	Category (See		at the top of this s	schedule)	(b)	Description				
	EXPENDITURE		Travel Out of	District				<b>=</b>			nplete Schedule T.	
								ш		officeholder living		
								State of Texa		to COn Di	ıties; Travel within the	
L												
	Complete ONLY if direct		Candidate/Office	holder name		Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	7										
l												
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#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 1/1 Rpt: 22/23 Barry, Jeffrey M. (The Honorable) 00087985 Date Payee name 11/18/2024 Legislative Ladies Club 6 Amount (\$) Payee address; City; State; Zip Code \$323.80 PO Box 2910 Reimbursement from political contributions intended Х Austin, TX 78768 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense **Event Expense EXPENDITURE** Tickets for Officeholder and Spouse to Attend Legislative Event Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

# INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 23/23 2 FILER NAME Filer ID (Ethics Commission Filers) Barry, Jeffrey M. (The Honorable) 00087985 5 Name of person from whom amount is received 8 Amount (\$) Date 11/11/2024 \$495.08 Jeffrey Brennan Campaign Fund 6 Address of person from whom amount is received; City; State; Zip Code Pearland, TX 77581 Purpose for which amount is received Check if political contribution returned to filer Reimbursement for Shared Campaign Event