FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00041364 15 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Darlene NAME Date Received **ELECTRONICALLY FILED** 07/10/2025 NICKNAME LAST **SUFFIX** Byrne CANDIDATE / Date Hand-delivered or Date Postmarked ADDRESS / PO BOX; APT / SUITE #; ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Diane NAME NICKNAME LAST **SUFFIX** Land **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 476-2020 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Day Month Day Year Year **COVERED THROUGH** 01/01/2025 06/30/2025 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 03/02/2026 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Court of Appeals, Chief Justice District 3 Court of Appeals, Chief Justice District 3

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 15

13 C / OH NAME	Byrne, Darlene (The	Honorable)	14 Filer ID 00041364	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without I officeholders are required to report this information	the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
Ш	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
46 CONTRIBUTION	4 TOTAL INITEMA	ZED DOUTION CONTRIBUTIONS (OTHER THAN		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS(OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
	S)	\$ 0.00		
EXPENDITURE TOTALS	3. TOTAL UNITEM	,	\$ 175.00	
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 23,968.04
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 83,191.46
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.		
		The Hon	orable Darlene Byrne	e
		Signature of	Candidate or Officehol	der
AFFIX NO	ΓARY STAMP / SEAL AΒ	DVE		
		aid	, this the	day
of	, 20, to ce	ertify which, witness my hand and seal of office.		
Signature of office	er administering oath	Printed name of officer administering oath	Title of office	r administering oath
-	,	-		-

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

		C	3 of 15	
	LER NAN	ME rlene (The Honorable)	19 Filer ID 00041364	(Ethics Commission Filers)
I		E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.		SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		\$		
4.		\$		
5.	X	\$ 10,573.93		
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8.	X	\$ 6,645.18		
9.	X	\$ 6,848.93		
10		\$		
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$
12	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Frinting Expense Legal Services Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	-	,
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 1/3 Rpt: 4/15	Byrne, Darlene (The Honorable)		00041364
4 Date	5 Payee name		•
05/25/2025	Byrne, Darlene		
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode	
\$203.75	402 West 7th Street		
	Austin, TX 78701		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) D	escription
OF EXPENDITURE	Loan Repayment/Reimbursement		Check if travel outside of Texas. Complete Schedule T.
LAI LINDITORE			Check if Austin, TX, officeholder living expense
		16	eimbursement for JC/OH expenses
O Commission ONLY if discost	Condidate/Officeholder name		Office heald
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ignt	Office held
	I		
Date	Payee name		
05/05/2025	Byrne, Darlene		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$1,427.79	402 West 7th Street		
	Austin, TX 78701		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) D	escription
EXPENDITURE	Loan Repayment/Reimbursement	l ⊨	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		∟ re	eimbursement for JC/OH expenses
Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>I </u>	Office held
expenditure to benefit C/O		Ü	
Date	Payee name		
03/06/2025	Byrne, Darlene		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$5,617.39	402 West 7th Street		
. ,			
	Austin, TX 78701		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) D	escription
OF	Loan Repayment/Reimbursement	Г Г	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE			Check if Austin, TX, officeholder living expense
		re	eimbursement for JC/OH expenses
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ıght	Office held
experience to benefit C/O			

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 Co

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

	Candidate/Officeholder/Politica Credit Card Payment		ittee Le	gal Services	·		/ages	/Contract Labor		OTHER (enter	a category not I	sted above)
	·			he Instruction G	uide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2 FII	LER NAME						3	Filer ID	(Ethics Co	mmission Filers)
	Sch: 2/3 Rpt: 5/15	Ву	yrne, Darlen	e (The Honoi	rable)					00041364	ļ	
4	Date	5 Pa	ayee name									
	02/03/2025	M	latthew Lem	ke Photograp	hy							
6	Amount (\$)	7 Pa	ayee address	; City;	State;	Zip Co	de					
	\$250.00	76	685 Northcro	oss Dr.								
		Uı	nit 1000									
		l _{Aı}	ustin, TX 78	757								
8	PURPOSE						(h)	Description				
ľ	OF			Categories listed at	the top of this sch	edule)	(D)	Description Check if travel (nutsi	de of Texas Co	mplete Schedule	ът
	EXPENDITURE		onsulting Ex	pense				Check if Austin,			·	
								photography				
9	Complete ONLY if direct		ndidate/Office	holder name	C	Office sou	ght			Office	held	
	expenditure to benefit C/OI	H										
	Date	Pa	ayee name									
	03/31/2025	R	ollans, Ryar	1								
	Amount (\$)	Pa	ayee address	; City;	State;	Zip Co	de					
	\$150.00	P	O Box 1254	7								
		Αι	ustin, TX 78	711								
	PURPOSE	(a) Ca	ategory (See	Categories listed at	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense				Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE		r				Check if Austin, TX, officeholder living expense Bonus for Professional Assistants Day					
								Bonus for Pro	ofes	ssional Ass	sistants Day	/
	Complete ONLY if direct expenditure to benefit C/OH		ndidate/Office	holder name	C	Office sou	ght			Office	held	
	experioralizate to beriefit C/Or	П										
	Date	Pa	ayee name									
	02/11/2025	Tr	ravis County	Women Law	yer's Found	lation						
	Amount (\$)	Pa	ayee address	; City;	State;	Zip Co	de					
	\$250.00	P	O Box 1603	34								
		Αι	ustin, TX 78	716								
	PURPOSE	(a) Ca	ategory (See	Categories listed at	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE			/Donations M		,			outsi	de of Texas. Co	mplete Schedule	е Т.
	EXPENDITURE			ficeholder/Po		ittee		Check if Austin,	, TX,	officeholder livi	ng expense	
								Donation				
	Complete ONLY if direct		ndidate/Office	holder name		Office sou	ght		_	Office	held	
	expenditure to benefit C/OI	Н										
ı												

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	By - Gift/Awards/Memorials Expense Printing Expense T cal Committee Legal Services Salaries/Wages/Contract Labor C The Instruction Guide explains how to complete this form.	ravel Out of District NTHER (enter a category not listed above)
1	Total pages Schedule F1:	: 2 FILER NAME 3 F	iler ID (Ethics Commission Filers)
	Sch: 3/3 Rpt: 6/15	Byrne, Darlene (The Honorable)	0041364
4	Date	5 Payee name	
	03/21/2025	Travis County Women Lawyers Foundation	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$2,500.00	PO Box 160334	
		Austin, TX 78716	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	of Texas. Complete Schedule T.
	EXPENDITORE		ficeholder living expense
		Donation / sponso	rship
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought OH	Office held
l			
ı			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete th	is form.						
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)			
	Sch: 1/6 Rpt: 7/15	Byrne, Darlene (Th	e Honorable)			00041364					
4	CREDIT CARD ISSUER		ncial institution ase	EXPEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$					
6	PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid					
		\$100.00	04/16/2025	06/15/202	5						
7	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code			
		Calvert Inns of Cou	rt	c/o 100 Co	ongress Ave # 1	300					
L				Austin, TX							
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this echodula)	(b) Description							
l	_	Contributions/Donatio		youth scholarship							
	Political	Candidate/Officeholde		ee							
	X Non-Political	· · ·	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense				
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held					
е	xpenditure to benefit C/OH	()	T (1) 2	1,,,,,,,							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) 03/14/202	Credit Card Issuer 5	Paid					
		\$100.00	02/05/2025	03/14/202	5						
	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code			
	Kendra Scott			1700 S Co	ngress Ave						
				Austin, TX 78704							
	PURPOSE OF	(a) Category	7 11. 1 1 1 1	(b) Description							
	EXPENDITURE	(See Categories listed at the top Gift/Awards/Memorial		Gift for sta	ff birthday						
	X Political		o =//po//oc								
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense							
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held					
е	xpenditure to benefit C/OH										
	PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid					
		\$74.69	02/05/2025	03/14/202	5						
Г	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code			
l				1708 S Co	ngress Ave						
l		Limbo Jewelry									
L				Austin, TX							
	PURPOSE OF	(a) Category	of this schodulo)	(b) Descripti							
	EXPENDITURE (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense			Gift for sta	ff birthday						
	X Political	1									
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense				
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held	·				
е	xpenditure to benefit C/OH										

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

		The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)				
	Sch: 2/6 Rpt: 8/15	Byrne, Darlene (Th	e Honorable)			00041364						
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$						
6	PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid						
		\$2,500.00	02/09/2025	03/14/202	25							
7	PAYEE	(a) Payee name		(b) Payee a		City,	State,	Zip Code				
		Travis County Dem	ocratic Party	1311 5 00	II 3l #D							
				Austin, TX	78702							
8	PURPOSE OF	(a) Category		(b) Descript								
	EXPENDITURE	(See Categories listed at the top Contributions/Donatio		Contribution / sponsorship								
	X Political	Candidate/Officeholde	er/Political Committee									
Ļ	Non-Political	(1)	of Texas. Complete Schedule T.	e sought	Check if Austin, TX,	officeholder living exp	ense					
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	Office held									
_	·	(a) Amazunt Chavarad	(h) Data of Charge	(a) Data(a)	Cradit Card Issue	Deid						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	03/14/202	Credit Card Issuer	Pald						
		\$2,500.00	02/24/2025	00/14/202	.0							
┢	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code				
		Travis County Dom	Travis County Democratic Party									
		Travis County Dem	ocialic Faity	Austin, TX	78702							
H	PURPOSE OF	(a) Category		(b) Description								
	EXPENDITURE	(See Categories listed at the top		Contribution / sponsorship								
	X Political	Contributions/Donation		·								
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense					
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held						
е	xpenditure to benefit C/OH											
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (04/15/202	Credit Card Issuer	Paid						
		\$161.90	02/18/2025	04/13/202	.5							
\vdash	PAYEE	(a) Payee name	<u> </u>	(b) Payee a	ddress;	City,	State,	Zip Code				
				P.O. Box	13321							
		Austin Black Lawye	ers Association									
				Austin, TX	78711							
	PURPOSE OF	(a) Category		(b) Descript								
	EXPENDITURE	(See Categories listed at the top Contributions/Donatio	,	Donation /	sponsorship							
l	X Political	Candidate/Officeholde										
L	Non-Political	(c) Check if travel outside	Check if Austin, TX,	officeholder living exp	ense							
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held						
е	xpenditure to benefit C/OH											

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this	form.				
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)	
Sch: 3/6 Rpt: 9/15	Byrne, Darlene (Th	e Honorable)			00041364			
4 CREDIT CARD ISSUER		ncial institution revious	EXPENDIT	UNITEMIZED URES TO A CREDIT	\$			
6 PAYMENT	(a) Amount Charged \$100.00	(b) Date of Charge 03/22/2025	(c) Date(s) Cr 05/15/2025	edit Card Issuer	Paid			
7 PAYEE	(a) Payee name Austin Young Demo	ocrats	(b) Payee add	hill Dr	City,	State,	Zip Code	
	(a) Oatawar		Austin, TX 7					
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Contributions/Donatio Candidate/Officeholde		(b) Description Contribution	n / sponsorship)			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder		e sought		Office held			
PAYMENT	(a) Amount Charged \$257.78	(b) Date of Charge 04/04/2025	(c) Date(s) Cr 05/15/2025	edit Card Issuer	· Paid			
PAYEE	(a) Payee name		(b) Payee add	lress;	City,	State,	Zip Code	
	Center for Women in Law			Keeton St Sui	ite 3.119			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Contributions/Donatio Candidate/Officeholde		Austin, TX 7 (b) Description Donation					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	l					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
PAYMENT	(a) Amount Charged \$94.28	(b) Date of Charge 04/15/2025	(c) Date(s) Cr 05/15/2025	edit Card Issuer	Paid			
PAYEE	YEE (a) Payee name Dish Society			(b) Payee address; City, State, Zip Code 1600 S 1 St, Suite 110 Austin, TX 78704				
PURPOSE OF EXPENDITURE X Political	EXPENDITURE (See Categories listed at the top of this schedule) Food/Beverage Expense			n				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.								
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)					
Sch: 4/6 Rpt: 10/15	Byrne, Darlene (The	e Honorable)		00041364							
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	 \$							
6 PAYMENT	(a) Amount Charged \$103.00	(b) Date of Charge 04/05/2025	(c) Date(s) Credit Card Issue 05/15/2025	er Paid							
7 PAYEE	(a) Payee name El Buen Samaritano	0	(b) Payee address; 7000 Woodhue Dr.	City,	State,	Zip Code					
			Austin, TX 78745								
8 PURPOSE OF	(a) Category	-f. doi:	(b) Description								
EXPENDITURE	(See Categories listed at the top Contributions/Donatio		Donation								
X Political	Candidate/Officeholde	er/Political Committee									
Non-Political	(*)	of Texas. Complete Schedule T.									
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	or Poid							
PATMENT	\$257.73	04/09/2025	05/15/2025	ei Faiu							
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code					
	LifeWorks		3700 S. 1st St.								
			Austin, TX 78704								
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Contributions/Donatio		(b) Description Donation								
X Political	Candidate/Officeholde										
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	K, officeholder living expe	ense						
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held							
PAYMENT	(a) Amount Charged \$155.00	(b) Date of Charge 03/19/2025	(c) Date(s) Credit Card Issue 05/15/2025	er Paid							
PAYEE (a) Payee name Matthew Lemke Photography		(b) Payee address; 7685 Northcross Dr. Unit 1000 Austin, TX 78757	City,	State,	Zip Code						
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Consulting Expense	of this schedule)	(b) Description photography								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	C, officeholder living expe	ense						
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete this form.						
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics	s Commiss	sion Filers)			
Sch: 5/6 Rpt: 11/15	Byrne, Darlene (The	e Honorable)		00041364					
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid					
	\$100.00	04/24/2025	06/15/2025						
7 PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code			
	Austin Young Lawy	rers	712 W. 16th St.						
			Austin, TX 78701						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	-:					
X Political	Contributions/Donatio	ns Made By	Donation for CASA fundraiser						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	nse				
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	Office sought Office held						
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description						
Political									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.							
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description						
Political									
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	<u> </u>						
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held					
•									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 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 Inst	ruction Guide explains how	to complete this	form.	(,	,				
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)				
Sch: 6/6 Rpt: 12/15	Byrne, Darlene (Th	e Honorable)			00041364						
4 CREDIT CARD ISSUER		ncial institution n Express	5 TOTAL OF EXPENDIT CHARGED CARD		\$						
6 PAYMENT	(a) Amount Charged \$35.00	(b) Date of Charge 04/15/2025	(c) Date(s) Cre 05/10/2025	edit Card Issuer	Paid						
7 PAYEE	(a) Payee name Quack's Bakery		(b) Payee add 411 E 43rd S Austin, TX 7	St.	City,	State,	Zip Code				
8 PURPOSE OF	(a) Category		(b) Description								
EXPENDITURE X Political	(See Categories listed at the top Food/Beverage Expe		staff birthday	cake							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u>'</u> п	Check if Austin, TX.	officeholder living exp	ense					
9 Complete ONLY if direct	Candidate/Officeholder	·	e sought		Office held						
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged \$30.80	(b) Date of Charge 02/05/2025	(c) Date(s) Cre 02/10/2025	edit Card Issuer	Paid						
PAYEE	(a) Payee name		(b) Payee add	ress;	City,	State,	Zip Code				
	Sugar Mama's Bak	ery	1905 S. 1st S								
PURPOSE OF	(a) Category		Austin, TX 78704 (b) Description								
EXPENDITURE X Political	(See Categories listed at the top Food/Beverage Expe		cupcakes for staff birthday								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u> </u>	Check if Austin, TX,	officeholder living exp	ense					
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held						
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged \$75.00	(b) Date of Charge 04/05/2025	(c) Date(s) Cre 05/10/2025	edit Card Issuer	Paid						
PAYEE	(a) Payee name Cidar Cade		(b) Payee add 600 E Rivers Austin, TX 7	side Dr.	City,	State,	Zip Code				
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial		(b) Description employee gif	l							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held						

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politice Credit Card Payment		mmittee	Gift/Awards/Memorials Legal Services The Instruction Gu	Expense		xpense Nages/Contract Labor	Tr	ravel Out of District THER (enter a category not listed	above)
1	Total pages Schedule G:	2	FILER NAME	Ξ				3 Fi	iler ID (Ethics Commiss	ion Filers)
	Sch: 1/3 Rpt: 13/15		Byrne, Darl	ene (The Honor	able)			0	0041364	
4	Date	5	Payee name							
	02/10/2025		American E	xpress						
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	ode			
	\$30.80		P.O. Box 98	31535						
	Reimbursement from political contributions intended		El Paso, TX	(79998						
8	PURPOSE	(a)	Category (s	ee Categories listed at th	ne top of this sche	edule)	(b) Description	=	k if travel outside of Texas. Comp	
	OF EXPENDITURE		Credit Card	Payment			L	_	k if Austin, TX, officeholder living e	expense
							Credit card paym	nent		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Office	holder name			Office sought		Office held	
	Date		Payee name							
	05/10/2025		American E	xpress						
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	ode			
	\$110.00		P.O. Box 98	31535						
	Reimbursement from									
	X political contributions intended		El Paso, TX	79998						
	PURPOSE		Category (s	ee Categories listed at th	ne top of this sche	edule)	Description	Chec	k if travel outside of Texas. Comp	lete Schedule T.
	OF EXPENDITURE		Credit Card				Ī	Chec	k if Austin, TX, officeholder living e	expense
	LAFLINDITORL						Credit card paym	nent		
		Car	ndidate/Office	holder name			Office sought		Office held	
	expenditure to benefit C/OH									
		_								
	Date		Payee name							
	03/14/2025	L	Chase							
	Amount (\$)		Payee addre		State;	Zip Co	ode			
	\$5,174.69		PO Box 153	123						
	Reimbursement from political contributions intended		Wilmington	, DE 19850						
	PURPOSE		Category (s	ee Categories listed at th	ne top of this sche	edule)	Description	=	k if travel outside of Texas. Comp	
	OF EXPENDITURE		Credit Card	Payment			L	_	k if Austin, TX, officeholder living e	expense
							Credit card paym	nent		
		<u> </u>								
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Office	holder name			Office sought		Office held	
l										

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Gift/Awards/Memorials Legal Services The Instruction G	s Expense			Т	ravel Out of District THER (enter a category not listed above	e)	
1	Total pages Schedule G:	2	FILER NAME	<u> </u>				3 F	iler ID (Ethics Commission F	Filers)	
	Sch: 2/3 Rpt: 14/15		Byrne, Darl	ene (The Honoi	rable)			0	0041364		
4	Date	5	Payee name								
	04/15/2025		Chase								
6	Amount (\$)	7 Payee address; City; State; Zip Co					ode				
	\$161.90		PO Box 15	-	·	•					
	Reimbursement from political contributions intended		Wilmington	, DE 19850							
8	PURPOSE	(a)	Category (s	ee Categories listed at	the top of this sche	edule)	(b) Description	=	ck if travel outside of Texas. Complete S		
	OF EXPENDITURE		Credit Card	Payment			L	_	ck if Austin, TX, officeholder living expens	se	
						Credit card payr			ment		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Office	holder name			Office sought		Office held		
	Date		Payee name								
	05/15/2025		Chase								
	Amount (\$)		Payee address; City; State; Zip Code								
	\$967.79	PO Box 15	123								
	Reimbursement from										
	X political contributions intended		Wilmington	, DE 19850							
	PURPOSE OF		Category (S	ee Categories listed at	the top of this sche	edule)	Description	=	ck if travel outside of Texas. Complete S		
	EXPENDITURE		Credit Card	Payment			L		ck if Austin, TX, officeholder living expens	se	
						Credit card payment					
	Complete ONLY if direct expenditure to benefit	Car	ndidate/Office	holder name			Office sought		Office held		
	C/OH										
	Date		Payee name								
	06/15/2025		Chase								
_											
	Amount (\$) \$200.00		Payee address; City; State; Zip Code PO Box 15123								
			1 O DOX 10.	120							
	X Reimbursement from political contributions intended		Wilmington	, DE 19850							
	PURPOSE		Category (S	ee Categories listed at	the top of this sche	edule)	Description	=	ck if travel outside of Texas. Complete S		
OF Credit			Credit Card	dit Card Payment				Check if Austin, TX, officeholder living expense			
						Credit card payment					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Office	holder name			Office sought		Office held		

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: 3/3 Rpt: 15/15 Byrne, Darlene (The Honorable) 00041364 Date Payee name 05/25/2025 **Custom Made Enterprises** Payee address; Amount (\$) City; State; Zip Code \$103.75 382 Route 59 Suite # 352 Reimbursement from political contributions Х intended Airmont, NY 10952 **PURPOSE** (b) Description Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense Gift/Awards/Memorials Expense **EXPENDITURE** staff retirement gift Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/25/2025 **Texas Democratic Party** Amount (\$) Payee address; City; State; Zip Code \$100.00 1106 Lavaca St Ste 100 Reimbursement from political contributions Χ Austin, TX 78701 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee event ticket Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH