CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comple	te this form.	1 Filer ID (Ethics Commis 00087985	sion Filers)	2 Total pages file	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	ISE ONLY
OFFICEHOLDER NAME	The Honorable	Jeffrey M.			Date Received	
					ELECTRONICA	I I Y FII FD
	NICKNAME	LACT		CUETIV	07/14/2025	
	NICKNAME Jeff	LAST		SUFFIX	0111412023	
	Jeli	Barry				
4 CANDIDATE /	ADDRESS / PO BOX; APT /	SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING	4418 Broadway St.					•
ADDRESS					Receipt #	Amount
Change of Address	Pearland, TX 77581				Date Processed	
"					Date Processed	
					Date Imaged	
					Date imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER		Julia C.		••••		
NAME		ouna C.				
	NICKALANE			CUEEN		
		LAST		SUFFIX		
		Barry				
2 0445404	OTDEET ADDRESS (NO DO F	201/ 51 5 4 25)		:/ OLUTE # OITY	07.4	710 0005
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO E	BOX PLEASE);	API	/ SUITE #; CITY;	STA	TE; ZIP CODE
ADDRESS	3503 Boxwood Gate Trail					
(Residence or Business)						
	Pearland, TX 77581					
7 CAMPAIGN	AREA CODE PHONE	NUMBER E	XTENSION			
TREASURER		INUMBER E	EXTENSION			
PHONE	(713) 805-6493					
8 REPORT						
TYPE	January 15	30th day before	election	Runoff	15th day after can	npaign treasurer
				<u> </u>	appointment (offic	
	X July 15	8th day before e	election	Exceeded modified reporting limit	Final Report (Attac	ch C/OH-FR)
				reporting innit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2025	TH	IROUGH	06/30/202	5	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	XPi	rimary	Runoff	Other	
	03/03/2026	G	eneral	Special		
				_		
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	(if known)	
	State Representative District	ct 29		State Represent		
	'			·		
				<u> </u>		
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 29

13 C / OH NAME	Barry , Jeffrey M. (Th	ne Honorable)	14 Filer ID (I	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	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
Ш	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 23,237.62
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 350.51
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 79,498.52
CONTRIBUTION BALANCE	REPORTING PE			\$ 44,904.38
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 a under Title 15, Election Code.		
		The Hono	orable Jeffrey M. Barr	v
			Candidate or Officehold	
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
		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 COH **COVER SHEET PG 3**

				3 of 29
18 FILER I	NAME Jeffrey M. (The Honorable)	19 Filer ID 00087985	(Ethics	Commission Filers)
	ULE SUBTOTALS DF SCHEDULE	1	SI	JBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	22,237.62
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	1,000.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	IS	\$	45,763.48
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUT	IONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	33,735.04
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUT	IONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1			
	The Instru	ction Guide explains how t	to complete this for	m.	1	Total pages Schedule A1: Sch: 1/4 Rpt: 4/29			
2	FILER NAME Barry , Jeffre	y M. (The Honorable)		3	Filer ID (Ethics Commission 00087985	on Filers)			
4	Date 06/30/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$500.00		
_		Forth Worth, TX 76161							
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)				
	Date 06/26/2025	Full name of contributor Bubendorf, Cheryl Contributor address; City; Stat				Amount of Contribution (\$)	\$52.40		
	Principal occu	Alvin, TX 77511 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>				
		,							
	Date 06/23/2025	Full name of contributor [Chavarria, Mona Contributor address; City; Stat	out-of-state PAC (ID#: ie; Zip Code			Amount of Contribution (\$)	\$1,500.00		
		Pearland, TX 77588							
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions AA Cleaning	5)				
	Date 06/30/2025	Full name of contributor Cook, Robert Contributor address; City; Stat Eagle Lake, TX 77434	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,041.98		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)				
	Date 06/23/2025	Full name of contributor Delisi Communications PAC Contributor address; City; Stat Austin, TX 78701				Amount of Contribution (\$)	\$2,000.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()				
			<u> </u>						

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1			
	The Instruc	etion Guide explains how to co	omplete this forr	n.	1	Total pages Schedule A1: Sch: 2/4 Rpt: 5/29			
2	FILER NAME Barry , Jeffre	y M. (The Honorable)			3	Filer ID (Ethics Commission 00087985	n Filers)		
4	Date 06/30/2025	 Full name of contributor ou ou Edminster, Hinshaw, Russ & As Contributor address; City; State; Zip 	_		7	Amount of Contribution (\$)	\$500.00		
_	Deinainal assu	Houston, TX 77042	la la	Franks von (Coo la structione					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)				
Date Full name of contributor out-of-state PAC (ID#:) 06/26/2025 Kindred, Elizabeth Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$52.40					
		Pearland, TX 77581							
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)				
	Date 06/30/2025	Full name of contributor ou Korth, Joy Contributor address; City; State; Zi	t-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,041.98		
		Alvin, TX 77511							
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)				
	Date 06/23/2025	Lloyd Gosselink Rochelle & Tov				Amount of Contribution (\$)	\$500.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)				
	Date 06/23/2025	Full name of contributor ou Moak Casey PAC Contributor address; City; State; Zij Austin, TX 78701	p Code)		Amount of Contribution (\$)	\$250.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)				
			I						

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/4 Rpt: 6/29	
2	FILER NAME Barry , Jeffre	y M. (The Honorable)		3	Filer ID (Ethics Commission File 00087985	ers)
4	Date 06/30/2025	 Full name of contributor)	7	Amount of Contribution (\$) \$1,0	41.98
_		Pearland, TX 77581				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#: PAC Of The Independent Insurance Agents Of T Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$) \$3,5	00.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ Peterson, Sherry Contributor address; City; State; Zip Code			Amount of Contribution (\$)	52.40
	Principal occu	Pearland, TX 77581 pation / Job title (See Instructions)	Employer (See Instructions			
	i illicipai occu	odition / Job title (See Instructions)	Employer (See manuchons	,		
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#: Schwartz, Page & Harding, LLP Contributor address; City; State; Zip Code Houston, TX 77056			Amount of Contribution (\$) \$1,0	00.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/26/2025	Full name of contributor out-of-state PAC (ID#:_ Starkey, Donna Contributor address; City; State; Zip Code Alvin, TX 77511)		Amount of Contribution (\$) \$1	04.48
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
		l				

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/4 Rpt: 7/29	
2	FILER NAME Barry , Jeffre	ey M. (The Honorable)		3	Filer ID (Ethics Commission 00087985	on Filers)
4	Date 06/23/2025	Full name of contributor		7	Amount of Contribution (\$)	\$5,000.00
		Austin, TX 78701				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$1,500.00
	Principal occu	Austin, TX 78701 upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#: Warren, Jeremy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		West Columbia, TX 77486				
	Principal occi	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#:_ Weekley, Richard Contributor address; City; State; Zip Code Houston, TX 77019			Amount of Contribution (\$)	\$2,500.00
	Principal occu Developer	upation / Job title (See Instructions)	Employer (See Instructions Self	5)		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A2:					
		Sch: 1/1 Rpt: 8/29					
2 FILER NAME Barry . Jeffro	ey M. (The Honorable)		3 Filer ID (Ethics Commission 00087985	n Filers)			
4	,						
TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$				
5 Date	6 Full name of contributor ut-of-state PAC (ID#:)	8 Amount of 9 In-kind co				
06/25/2025	Associated Republicans of Texas Campaign Fur	nd	contribution (\$) descriptio				
	7 Contributor address; City; State; Zip Code		Advertising	σigitαi			
	Auctin TV 70701		_				
10 Dringing agg	Austin, TX 78701 upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	Check if travel outside of Texas. C -JUDICIAL) (See instructions)	Complete Schedule T.			
10 Principal occi	apadion / Job title (FOR NON-JODICIAL) (See instructions)	11 Employer (FOR NON	-JODICIAL) (See Instructions)				
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instruction:	s)			
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	r's spouse (if any) (FOR JUDICIA	L)			
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	•					
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind co	ntribution			
06/25/2025	Koza, Kim		contribution (\$) descriptio				
	Contributor address; City; State; Zip Code		\$250.00 Donated Au Campaign E				
			l campaign :				
	Pearland, TX 77581	·	Check if travel outside of Texas. C	Complete Schedule T.			
	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See instructions)				
Retired		Retired					
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions	S)			
0 4 11 4 11-	and a sellen for (FOR HIDIOIAL)	Laurence of a saturburt	d				
Contributors	employer/law firm (FOR JUDICIAL)	Law firm of contributo	r's spouse (if any) (FOR JUDICIA	L)			
If contributor	is a shild law firm of parent(s) (if any) (FOR HIDICIAL)						
ii contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
<u> </u>							
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind co contribution (\$) descriptio				
06/23/2025	Texas Bankers Association Bankers PAC		\$250.00 I Venue for C				
	Contributor address; City; State; Zip Code		Event				
	Austin, TX 78701		Check if travel outside of Texas. O	Complete Cabadula T			
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON		complete ochedule 1.			
	,	, 2,2. (. 3	- , ` ,				
Contributor's	Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions)						
Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL)							
If contributor	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee I	Legal Se				/ages	/Contract Labor		OTHER (enter	a category not listed	above)
				The In	struction Gu	iide explain	s how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME							3	Filer ID	(Ethics Commi	ssion Filers)
	Sch: 1/7 Rpt: 9/29		Barry , Jeffre	ey M.	(The Hon	orable)					00087985		
4	Date	5	Payee name										
	03/04/2025		Alexan Wate	erloo									
6	Amount (\$)	7	Payee addres	is;	City;	Sta	te; Zip Co	de					
	\$3,581.50		700 E 11th S	Street	•								
			Austin, TX 7	8701									
8	PURPOSE	(a)	Category (See	e Caten	ories listed at th	ne ton of this s	chedule)	(b)	Description				
	OF	<u> </u> `	Office Overh				ocricuale)	` ,	·	outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE		Cindo Croin	.oaa,	TOTAL EXP	701100			X Check if Austin,	, TX,	officeholder livi	ng expense	
									Rental and U	tility	y Expense	for Officehold	er Austin
									Housing				
9	Complete ONLY if direct		Candidate/Offic	ehold	er name		Office sou	ght			Office I	neld	
	expenditure to benefit C/OI	H											
	Date		Payee name										
	04/03/2025		Alexan Wate	erloo									
	Amount (\$)		Payee addres	ss;	City;	Sta	te; Zip Co	de					
	\$3,610.63		700 E 11th S	Street									
			Austin, TX 7	8701									
	PURPOSE	(2)						(h)	Description				
	OF	(۵)	Category (See				schedule)	(D)	Description Check if travel of	nutsi	de of Texas, Co	mplete Schedule T.	
	EXPENDITURE		Office Overh	ieau/i	кена Ехр	berise			X Check if Austin,				
									Rental and U	tilit	y Expense	for Officeholde	er Austin
									Housing				
	Complete ONLY if direct		Candidate/Offic	ehold	er name		Office sou	ght			Office I	neld	
	expenditure to benefit C/OI	Н											
	Date		Payee name										
	05/03/2025		Alexan Wate	erloo									
	Amount (\$)	\vdash	Payee addres	SS:	City;	Sta	te; Zip Co	de					
	\$3,616.23		700 E 11th S	•	-		, ,	-					
	Ψ0,010.20		700 2 22070	51,000	•								
			Austin, TX 7	Q701									
		,						<i>a</i> >					
	PURPOSE OF	^(a)	Category (See				schedule)	(a)	Description	outo:	do of Toylog Or	mplete Schedule T.	
	EXPENDITURE		Office Overh	nead/l	Rental Exp	ense			X Check if Austin,				
												for Officeholde	er Austin
									Housing		y Expense	ioi Omocnoia	51 7 ta5ti11
_	Complete ONLY if direct	Ц	Candidate/Offic	ehold	er name		Office sou	aht			Office I	neld	
	expenditure to benefit C/OI		zaradato/Oillo	, 5, 101U	or marine		C.110C 30U	ar			Ciliod I		

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

	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: 2/7 Rpt: 10/29	Barry , Jeffrey M. (The Honorable) 00087985
4	Date	5 Payee name
	06/03/2025	Alexan Waterloo
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,604.42	700 E 11th Street
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LAFENDITORE	X Check if Austin, TX, officeholder living expense
		Rental and Utility Expense for Officeholder Austin Housing
		<u> </u>
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held I
	Date	Powoo namo
	01/24/2025	Payee name Alvin ISD Education Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	PO Box 2342
		Alvin, TX 77511
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee Charitable Contribution
		Charlaste Contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
	Data	David and a second a second and
	Date 02/03/2025	Payee name Alvin Lions Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	PO Box 1211
		Alvin, TX 77512
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		Chanade Contribution
	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 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)

	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: 3/7 Rpt: 11/29	Barry , Jeffrey M. (The Honorable) 00087985
4	Date	5 Payee name
	02/18/2025	Alvin Sun Advertiser
6	Amount (\$) \$347.50	7 Payee address; City; State; Zip Code 570 Dula St
	φο-11.00	or o Baild of
		Alvin, TX 77511
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Advertising Expense
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
-	Date	Payee name
	03/25/2025	Alvin Sun Advertiser
_	Amount (\$)	Payee address; City; State; Zip Code
	\$115.00	570 Dula St
	Ψ113.00	370 Build St
		Alvin, TX 77511
_	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Advertising Expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit Grot	
	Date	Payee name
	04/28/2025	Alvin Sun Advertiser
	Amount (\$)	Payee address; City; State; Zip Code
	\$230.00	570 Dula St
		Alvin, TX 77511
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EX. ENDITORE	Check if Austin, TX, officeholder living expense
		Campaign Advertising Expense
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
L		

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 4/7 Rpt: 12/29	Barry , Jeffrey M. (The Honorable) 00087985
4	Date	5 Payee name
	02/12/2025	Alvin Sunrise Rotary Foundation
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	PO Box 242
		Alvin, TX 77512
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	06/23/2025	Anedot, Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$162.22	1340 Poydras Street
	Ψ102.22	Suite 1770
		New Orleans, LA 70112
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule 1. Check if Austin, TX, officeholder living expense
		Processing Fees for Online Campaign Contributions
		June 23-30
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	01/20/2025	Brazoria County Hispanic Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	116 S Velasco St Ste C
		Angleton, TX 77515
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Tickets to Chamber Event
		Tickets to Chambel Event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Git/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
OTHER (outer a category not listed above)

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Com	nmittee	Food/Beverage Exp Gift/Awards/Memori Legal Services The Instruction			xpens Wages	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 5/7 Rpt: 13/29		Barry , Jeffre	ey M. (The H	onorable)					00087985	
4	Date	5	Payee name					•			
	02/07/2025		Murphy Nas	ica							
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Co	ode				
	\$24,500.00		PO Box 164	8							
			Austin, TX 7	8767							
8	PURPOSE OF	(a)	Category (Se	e Categories listed	at the top of this sch	edule)	(b)	Description			
	EXPENDITURE		Consulting E	Expense				=		de of Texas. Comp officeholder living	
								ш			Reported on Prior Sch
								F2		y 1 00 1	. toportod on i noi oon
9	Complete ONLY if direct		andidate/Offic	eholder name		Office sou	laht			Office he	Ald
Ĺ	expenditure to benefit C/O						-g-II				
	Date		Payee name					<u> </u>			
	01/28/2025		Pearland ISI	D Education I	oundation=						
	Amount (\$)		Payee addres	s; City;	State;	Zip Co	ode				
	\$500.00		1928 N Mair	n St							
			Pearland, T	K 77581							
	PURPOSE	(a)	Category (Se	e Categories listed	at the top of this sch	edule)	(b)	Description			
	OF EXPENDITURE			s/Donations I		:44.0 -		ш		de of Texas. Comp	
			Candidate/C	nicenoider/P	olitical Comm	ııtee		Charitable Co		officeholder living	evhense
								Shantable CC	21 IU	iouioi1	
_	Complete ONLY if direct		andidate/Offic	eholder name		Office sou	laht			Office he	Ald
	expenditure to benefit C/O		andidate/Offic	onolaci name		300	agi it			Office He	
 	Data										
	Date	1	Payee name	otional lade:	trioo						
	05/02/2025	-		ctional Indus							
	Amount (\$)	1	Payee addres	s; City;	State;	Zip Co	ode				
	\$394.13		861 IH 45 N								
			Hunstville, T	X 77320							
	PURPOSE	(a)	Category (Se	e Categories listed	at the top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Contribution	s/Donations I	Made By					de of Texas. Comp	
			Candidate/C	fficeholder/P	olitical Comm	ittee				officeholder living	
								Donation Iten	11 10	n Chantable	runulaisei
	Complete ONLY if direct	\vdash	andidata/Offi	oholdor non-		office as:	ıabt			Office he	.ld
	Complete ONLY if direct expenditure to benefit C/O		anuiuale/Offic	eholder name	C	office sou	ıynt			Office he	au
	•										

SCHEDULE F1

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	•	Salaries/V	Vages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)	
L			uide explains how to co	mplete this form.		
1	Total pages Schedule F1:				3 Filer ID (Ethics Commission Filer	rs)
	Sch: 6/7 Rpt: 14/29	Barry , Jeffrey M. (The Hor	norable)		00087985	
4	Date	Payee name				
L	05/12/2025	Texas Correctional Industrie	es			
6	Amount (\$)	Payee address; City;	State; Zip Co	ode		
	\$441.66	861 IH 45 N				
		Hunstville, TX 77320				
8	PURPOSE	Category (See Categories listed at the	he top of this schedule)	(b) Description		
	OF	Contributions/Donations Ma		_ :	outside of Texas. Complete Schedule T.	
	EXPENDITURE	Candidate/Officeholder/Poli			n, TX, officeholder living expense	
				Donation Iter	n for Charitable Fundraiser	
L						
9	Complete ONLY if direct	andidate/Officeholder name	Office sou	ıght	Office held	
	expenditure to benefit C/OI					
	Date	Payee name				
	06/23/2025	Texas Correctional Industrie	es			
	Amount (\$)	Payee address; City;	State; Zip Co	ode		
	\$1,609.68	861 IH 45 N				
		Hunstville, TX 77320				
	PURPOSE OF	Category (See Categories listed at the		(b) Description		
	EXPENDITURE	Contributions/Donations Ma		l <u>–</u>	outside of Texas. Complete Schedule T.	
		Candidate/Officeholder/Poli	ıtıcaı Committee	🗀	n, TX, officeholder living expense ns for Charitable Fundraiser	
				Donation fler	ns for Charitable Fullulaiser	
\vdash	Complete ONLY if direct	candidate/Officeholder name	Office sou	laht.	Office held	
	expenditure to benefit C/OI	andidate/Officeriolder Haffle	Office Sot	igiit	Office field	
_	Data	Davis name				
	Date	Payee name	'augus			
	01/22/2025	Texas House Republican C				
	Amount (\$)	Payee address; City;	State; Zip Co	ode		
	\$1,000.00	PO Box 13305				
		Austin, TX 78711				
	PURPOSE	Category (See Categories listed at the	he top of this schedule)	(b) Description		
	OF EXPENDITURE	Fees		ı ⊔	outside of Texas. Complete Schedule T.	
				ı 	n, TX, officeholder living expense	
				Onicenolaer	Caucus Membership Dues	
	Complete ONLY if direct	candidate/Officeholder name	Office sou	ught	Office held	
	Complete ONLY if direct expenditure to benefit C/OI	andidate/OfficeHolder Haffle	Office SOL	igiit	Office Held	
	•					

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	- Gift/Awards/Memorials Expense Printing Expense Committee Legal Services Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 7/7 Rpt: 15/29	Barry , Jeffrey M. (The Honorable)	00087985
4	Date	5 Payee name	
	06/27/2025	United Way of Brazoria County	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$200.00	4005 Technology Road	
		Ste 2140	
		Angleton, TX 77515	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Bondtions Wade By	outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee Charitable Committee	, TX, officeholder living expense
		Chantable Co	Situbation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/O	d	Cinice Held

SCHEDULE G

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		mmittee	Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	xpense		xpense Nages/Contract Labor		Travel in District Travel Out of District OTHER (enter a category	y not listed above)
1	Total pages Schedule G:	2	FILER NAME					3	Filer ID (Ethics 0	Commission Filers)
	Sch: 1/14 Rpt: 16/29		Barry , Jeffr	ey M. (The Hond	orable)				00087985	
4	Date	5	Payee name							
	04/07/2025		ABC TX Gu	If Coast						
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	ode			
	\$25.00		1002 ABC A	Ave						
	Reimbursement from political contributions intended		Freeport, T	X 77541						
8	PURPOSE	(a)	Category (s	ee Categories listed at the	top of this sche	edule)	(b) Description	=		xas. Complete Schedule T.
	OF EXPENDITURE		Event Expe	nse			L	_	eck if Austin, TX, officeho	
							Expense for Office	ceho	older to Attend Ev	vent
Ļ		Ļ								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officel	nolder name			Office sought		Office h	ield
	Date		Payee name							
	05/16/2025		ADDI Printi	ng						
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	ode			
	\$118.49		1339 E Bro	adway						
	X Reimbursement from political contributions intended		Pearland, T	X 77581						
	PURPOSE		Category (S	ee Categories listed at the	top of this sche	edule)	Description	=		xas. Complete Schedule T.
	OF EXPENDITURE		Office Over	head/Rental Expe	ense			_	eck if Austin, TX, officeho	older living expense
							Printing for Distri	ct O	Office Signs	
	Complete <u>ONLY</u> if direct expenditure to benefit	Car	ndidate/Office	nolder name			Office sought		Office h	neld
	C/OH									
H	Date	Т	Davee name							
	01/01/2025		Payee name Alexan Wat	erloo						
\vdash	Amount (\$)	\vdash	Payee addre		State:	Zip Co	ode			
	\$3,683.43		700 E 11th		Jiaic,	Z.p 00				
	Reimbursement from									
	x political contributions intended		Austin, TX							
	PURPOSE OF			ee Categories listed at the		edule)	Description	_	eck if travel outside of Te eck if Austin, TX, officeho	xas. Complete Schedule T.
	EXPENDITURE		Office Over	head/Rental Expe	ense		L ^x Rental and Utility	_		
							Housing	, ⊏X	•	
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officel	nolder name			Office sought		Office h	eld

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Candidate/Officehold Credit Card Payment			Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
4 Tabalan O		•		O Files ID (Files C
1 Total pages Schedu Sch: 2/14 Rpt: 17		2 FILER NAME Barry , Jeffrey M. (The Honorable)		Filer ID (Ethics Commission Filers)00087985
4 Date		5 Payee name		
02/26/2025		Alexan Waterloo		
6 Amount (\$)		7 Payee address; City; State;	Zip Code	
\$4	75.00	700 E 11th Street		
Reimbursement froi political contribution intended		Austin, TX 78701		
8 PURPOSE		(a) Category (See Categories listed at the top of this scho	edule) (b) Description	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		Travel Out of District		Check if Austin, TX, officeholder living expense
EXPENDITORE			Lodging for Office Officeholder Rela	eholder District Staff to Attend ated Meetings
Complete ONLY if of expenditure to beneath C/OH		Candidate/Officeholder name	Office sought	Office held
Date		Payee name		
02/01/2025		Alexan Waterloo		
Amount (\$)			Zip Code	
\$3,6	84.27	700 E 11th Street		
X Reimbursement from political contribution intended		Austin, TX 78701		
PURPOSE	Ţ	Category (See Categories listed at the top of this scho	· ' I	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		Office Overhead/Rental Expense	Rental and Utility Housing	Check if Austin, TX, officeholder living expense Expense for Officeholder Austin
Complete <u>ONLY</u> if on expenditure to beneate C/OH		Candidate/Officeholder name	Office sought	Office held
Date		Payee name		
06/30/2025		Alexan Waterloo		
Amount (\$)		Payee address; City; State;	Zip Code	
\$3,6	17.24	700 E 11th Street		
X Reimbursement from political contribution intended		Austin, TX 78701		
PURPOSE		Category (See Categories listed at the top of this scho	edule) Description	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		Office Overhead/Rental Expense		_
			Rental and Utility Housing	Expense for Officeholder Austin
Complete <u>ONLY</u> if one expenditure to beneat C/OH		Candidate/Officeholder name	Office sought	Office held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/C	Travel in District Travel Out of District ontract Labor OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete	e this form.
1	Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 3/14 Rpt: 18/29	Barry , Jeffrey M. (The Honorable)	00087985
4	Date	5 Payee name	
	02/14/2025	Brazoria County Association for Children's Habilitation	on (BACH)
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$500.00	120 E Hospital Dr	
	Reimbursement from		
	X political contributions intended	Angleton, TX 77515	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Contributions/Donations Made By	Check if Austin, TX, officeholder living expense
	ZAI ZHOHORZ	Candidate/Officeholder/Political Committee Char	itable Contribution
9	Complete ONLY if direct	Candidate/Officeholder name O	ffice sought Office held
	expenditure to benefit		
	C/OH		
	Date	Payee name	
	03/24/2025	Brazoria County Association for Children's Habilitation	on (BACH)
	Amount (\$)	Payee address; City; State; Zip Code	
	\$72.33	120 E Hospital Dr	
		120 E 1103pttal B1	
	Reimbursement from political contributions		
	intended	Angleton, TX 77515	
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description
	OF EXPENDITURE	Event Expense	Check if Austin, TX, officeholder living expense
		Ticke	ets for Officeholder to Attend Event
		Candidate/Officeholder name O	ffice sought Office held
	expenditure to benefit C/OH		
	Date	Payee name	
	06/18/2025	Brazoria County Hispanic Chamber of Commerce	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$250.00	116 S Velasco St Ste C	
	Reimbursement from		
	x political contributions intended	Angleton, TX 77515	
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.
	OF	Fees	Check if Austin, TX, officeholder living expense
	EXPENDITURE	Offic	eholder Membership Dues
	Complete ONLY if direct	Candidate/Officeholder name O	ffice sought Office held
	expenditure to benefit	•	3
L	C/OH		

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	y - Gift/Awards/Memorials Expense Printing I al Committee Legal Services Salaries/ The Instruction Guide explains how to c	Expense Travel Out of District Wages/Contract Labor OTHER (enter a category not listed above)	
1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	_
Sch: 4/14 Rpt: 19/29	Barry , Jeffrey M. (The Honorable)	00087985	
4 Date	5 Payee name		_
02/11/2025	Brazoria County Republican Party PAC		
6 Amount (\$)		rada	
\$350.00	Payee address; City; State; Zip C135 Spanish Oak Cir.	oue	
	133 Spanish Oak Cir.		
X Reimbursement from political contributions intended	Damon, TX 77430		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Т.
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense Political Contribution	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held	
Date	Payee name		_
01/14/2025	Capital Grille		
Amount (\$)	Payee address; City; State; Zip C	code	_
\$5,612.04	117 W 4th Street		
Reimbursement from political contributions intended	Austin, TX 78701		
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	T.
OF EXPENDITURE	Event Expense	Check if Austin, TX, officeholder living expense	
		Venue, Food, Beverages for Constituents for Officeholder Swearing In Event	
	Candidate/Officeholder name	Office sought Office held	
expenditure to benefit C/OH			
Date	Payee name		
01/13/2025	Capitol Gift Shop		
Amount (\$)	Payee address; City; State; Zip C	code	
\$508.78	1100 Congress Ave		
Reimbursement from political contributions intended	Austin, TX 78701		
PURPOSE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule	T.
OF EXPENDITURE	Gift/Awards/Memorials Expense	Check if Austin, TX, officeholder living expense	
LA LADITORL		Gifts for Constituents	
expenditure to benefit	Candidate/Officeholder name	Office sought Office held	
C/OH			

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 Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 5/14 Rpt: 20/29 Barry, Jeffrey M. (The Honorable) 00087985 4 Date Payee name 03/21/2025 Catalyst Advisors Group Amount (\$) Payee address; City; State; Zip Code \$2,000.00 1108 Lavaca St 110-506 Reimbursement from political contributions Х intended Austin, TX 78701 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** Design and Placement of Digital Campaign Advertisements Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/07/2025 Catalyst Advisors Group Amount (\$) Payee address; City; State; Zip Code \$2,000.00 1108 Lavaca St 110-506 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 Advertising Expense **EXPENDITURE** Design and Placement of Digital Campaign Advertisements Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/16/2025 Catalyst Advisors Group Payee address; State; Zip Code Amount (\$) City; \$2,000.00 1108 Lavaca St 110-506 Reimbursement from Χ political contributions intended Austin, TX 78701 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** Design and Placement of Digital Campaign Advertisements Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment			Travel in District Travel Out of District OTHER (enter a category not listed above)
	Credit Card F dyment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 6/14 Rpt: 21/29	Barry , Jeffrey M. (The Honorable)	00087985
4	Date	5 Payee name	_ _
	05/12/2025	Catalyst Advisors Group	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$2,000.00	1108 Lavaca St 110-506	
	Reimbursement from		
	X political contributions intended	Austin, TX 78701	
_			Charletter of a strike of Taylor Complete Cabadula T
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	EXPENDITURE	Advertising Expense	
		Design and Pla Advertisement	cement of Digital Campaign
		Advertisement	•
9		Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OH		
	Date	Payee name	
	06/09/2025	Catalyst Advisors Group	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,000.00	1108 Lavaca St 110-506	
	Reimbursement from		
	x political contributions intended	Austin, TX 78701	
			_
	PURPOSE OF	Category (See Categories listed at the top of this schedule) Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	EXPENDITURE	Advertising Expense	<u> </u>
		Advertisement	cement of Digital Campaign
			,
	Complete ONLY if direct expenditure to benefit	Candidate/Officeholder name Office sought	Office held
	C/OH		
	Date	Payee name	
	01/29/2025	City of Austin Parking	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$13.40	301 W 2nd St	
	Reimbursement from		
	x political contributions intended	Austin, TX 78701	
\vdash	PURPOSE	Category (See Categories listed at the top of this schedule) Description	Check if travel outside of Texas. Complete Schedule T.
	OF	Event Expense	Check if Austin, TX, officeholder living expense
	EXPENDITURE	· · · · · · · · · · · · · · · · · · ·	nd Officeholder Meeting
_	Complete ONLV if direct	Candidate/Officeholder name Office sought	Office held
	Complete ONLY if direct expenditure to benefit	Candidate/Officeholder name Office sought	Office field
	C/OH		

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - al Co	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Ex Printing E Salaries/V	xpense Wages/Contract Labor	Solicitation/Fundratising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Sch: 7/14 Rpt: 22/29		Barry , Jeffrey M. (The Honorable)			00087985
4	Date	5	Payee name			
	01/15/2025		Driskill Hotel			
6	Amount (\$) \$66.21	7	Payee address; City; State; 604 Brazos St	Zip Co	ode	
	Reimbursement from political contributions intended		Austin, TX 78701			
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	dule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Food/Beverage Expense			Check if Austin, TX, officeholder living expense
					Meal with Consti	tuents to Discuss Officeholder Issues
9	Complete ONLY if direct	Car	ndidate/Officeholder name		Office sought	Office held
_	expenditure to benefit C/OH		nadato o moonota o mano			
	Date		Payee name			
	01/31/2025		Exchange Club of Pearland			
	Amount (\$)		Payee address; City; State;	Zip Co	ode	
	\$25.73		3050 W. Central Ave			
	X Reimbursement from political contributions intended		Toledo, OH 43606			
	PURPOSE		Category (See Categories listed at the top of this sche	dule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Event Expense			Check if Austin, TX, officeholder living expense
					Expense for Office	ceholder to Attend Club Event
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Ca	ndidate/Officeholder name		Office sought	Office held
	Date		Payee name			
	05/09/2025		First Class Postal			
	Amount (\$) \$24.44		Payee address; City; State; 5205 W Broadway St	Zip Co	ode	
	X Reimbursement from political contributions intended		Pearland, TX 77581			
	PURPOSE		Category (See Categories listed at the top of this sche	dule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Office Overhead/Rental Expense		L	Check if Austin, TX, officeholder living expense
					Shipping for Offic	ceholder Documents
	Complete ONLY if direct expenditure to benefit C/OH	Ca	ndidate/Officeholder name		Office sought	Office held

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Office Ove Polling Ex Printing E Salaries/V	xpense Vages/Contract Labor	Solicitation/Puntinasing Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Sch: 8/14 Rpt: 23/29		Barry , Jeffrey M. (The Honorable)			00087985
4	Date	5	Payee name			
	02/01/2025		Grace Pizza and Shakes			
6	Amount (\$)	7	Payee address; City; State;	Zip Co	ode	
	\$61.17		9415 Broadway St #111			
	Reimbursement from political contributions intended		Pearland, TX 77511			
8	PURPOSE	(a)	Category (See Categories listed at the top of this sched	dule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF	```	Food/Beverage Expense	,	[Check if Austin, TX, officeholder living expense
	EXPENDITURE		Toda/Beverage Expense		Meal with Staff to	Discuss Officeholder Issues
9	Complete ONLY if direct expenditure to benefit C/OH	Cai	ndidate/Officeholder name		Office sought	Office held
	Date		Payee name			
	01/12/2025		HEB			
	Amount (\$)	T	Payee address; City; State;	Zip Co	ode	
	\$389.20		2701 E 7th St			
	Reimbursement from					
	political contributions intended		Austin, TX 78702			
	PURPOSE		Category (See Categories listed at the top of this sched	dule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Office Overhead/Rental Expense			Check if Austin, TX, officeholder living expense
	EXI ENDITORE				Supplies for Capi	itol Office
	Complete ONLY if direct expenditure to benefit C/OH	Cai	ndidate/Officeholder name		Office sought	Office held
	Date		Payee name			
	01/20/2025		HEB			
	Amount (\$)		Payee address; City; State;	Zip Co	ode	
	\$99.76		2701 E 7th St			
	Reimbursement from political contributions		Austin TV 70700			
	intended	L	Austin, TX 78702		_	
	PURPOSE OF		Category (See Categories listed at the top of this sched	dule)	Description	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Office Overhead/Rental Expense		L	Check if Austin, TX, officeholder living expense
					Supplies for Capi	ITOI Office
	expenditure to benefit	Cai	ndidate/Officeholder name		Office sought	Office held
	C/OH					

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Polling Expense Glift/Awards/Memorials Expense Printing Expense Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
_	Sch: 9/14 Rpt: 24/29	Barry , Jeffrey M. (The Honorable)	00087985
4	Date	5 Payee name	
	01/11/2025	Home Depot	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$537.27	3600 Interstate Hwy 35S	
	Reimbursement from political contributions intended	Austin, TX 78704	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if Austin, TX, officeholder living expense
	LAFLINDITORL	Supplies for Cap	oitol Office
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	01/10/2025	Houston Hobby Airport Garage	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$34.00	7800 Airport Blvd	
	Reimbursement from political contributions intended	Houston, TX 77061	
	PURPOSE	Category (See Categories listed at the top of this schedule) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Travel Out of District	Check if Austin, TX, officeholder living expense
		Parking for Trav	el to Officeholder Meeting
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	04/15/2025	Lower Brazos River Coalition	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$32.00	4005 Technology Dr, Ste 1010	
	Reimbursement from		
	X political contributions intended	Angleton, TX 77515	
	PURPOSE	Category (See Categories listed at the top of this schedule) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Event Expense	Check if Austin, TX, officeholder living expense
	-	Expense for Offi	ceholder to Attend Event
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Advertising Expense Event Expense

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing I		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 c	omplete this form.	
1	Total pages Schedule G: Sch: 10/14 Rpt: 25/29	2 FILER NAME Barry , Jeffrey M. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00087985
4	Date 01/10/2025	5 Payee name Midland International Airport	I	
6		·	odo	
0	Amount (\$) \$62.03	7 Payee address; City; State; Zip C 9506 La Force Blvd	oue	
	X Reimbursement from political contributions intended	Midland, TX 79706		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	1(0)	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Travel Out of District		Check if Austin, TX, officeholder living expense Attend Officeholder Related Meeting
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 04/24/2025	Payee name Northern Brazoria County Chamber of Comme	erce	
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$110.00	105 Willis St		
	Reimbursement from political contributions intended	Alvin, TX 77511		
	PURPOSE OF	Category (See Categories listed at the top of this schedule)		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense	Expense to Attend	Check if Austin, TX, officeholder living expense Chamber Event
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date	Payee name		
	01/10/2025	Odessa Marriott Hotel & Conf Center		
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$289.49	305 East 5th Street		
	Reimbursement from political contributions intended	Odessa, TX 79761		
	PURPOSE	Category (See Categories listed at the top of this schedule)		Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Beverage Expense		Check if Austin, TX, officeholder living expense
			Meal While Traveli	ng for Officeholder Meetings
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

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 Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 11/14 Rpt: 26/29 Barry, Jeffrey M. (The Honorable) 00087985 Date Payee name 04/14/2025 Pearland Alvin Manvel Friendswood Area Networking Group State; Zip Code Amount (\$) Payee address; City: \$400.00 17225 El Camino Real, Ste 190 Reimbursement from political contributions Х intended Houston, TX 77058 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** Sponsorship of Group Event Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/07/2025 Pearland Chamber of Commerce Amount (\$) Payee address; City; State; Zip Code \$150.00 6117 Broadway St Reimbursement from political contributions Χ Pearland, TX 77581 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 **Event Expense EXPENDITURE** Ticket for Officeholder to Attend Chamber Event Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/11/2025 Perry Brooks Garage Payee address; State; Zip Code Amount (\$) City; \$14.99 720 Brazos St Reimbursement from Χ political contributions intended Austin, TX 78701 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense **EXPENDITURE**

Candidate/Officeholder name

Complete ONLY if direct

expenditure to benefit

C/OH

Parking for Capitol Office Set Up

Office sought

Office held

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Food/Beverage Expense Polling / - Gift/Awards/Memorials Expense Printin	Overhead/Rental Expense Expense g Expense es/Wages/Contract Labor	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 form.				
1	Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
	Sch: 12/14 Rpt: 27/29	Barry , Jeffrey M. (The Honorable)		00087985			
4	Date	5 Payee name					
	01/28/2025	Perry's Steakhouse					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$36.31	114 W 7th St					
	Reimbursement from political contributions						
	X political contributions intended	Austin, TX 78701					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE	Food/Beverage Expense	L L	Check if Austin, TX, officeholder living expense			
			Meal with Staff to	Discuss Officeholder Issues			
Ļ	Computate ONII V if disport	Condidate/Officeholder page	Office severely	Office held			
9	expenditure to benefit	Candidate/Officeholder name	Office sought	Office held			
	C/OH						
	Date	Payee name					
	01/12/2025	Roaring Fork					
	Amount (\$)	mount (\$) Payee address; City; State; Zip Code					
	\$242.43	701 Congress Ave					
	Reimbursement from political contributions						
	X political contributions intended	Austin, TX 78701					
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.			
OF EXPENDITURE		Food/Beverage Expense	L	Check if Austin, TX, officeholder living expense			
			Meal with Constit	tuents to Discuss Officeholder Issues			
_	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held			
	expenditure to benefit	Canadate/Onecholder Hame	Office 30ugin	Office Held			
	C/OH						
	Date	Payee name					
	02/02/2025	Roaring Fork					
	Amount (\$) Payee address; City; State; Zip Code						
	\$235.93	701 Congress Ave					
	X Reimbursement from political contributions						
	intended	Austin, TX 78701					
	PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
	EXPENDITURE	Food/Beverage Expense	Mool with Constit	tuents to Discuss Officeholder Issues			
			INICAI WILLI COLISIII	dents to Discuss Officeffolder Issues			
	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held			
	expenditure to benefit		00 00ag.it	2555.4			
L	C/OH						

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Ov Polling E Printing 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 co	omplete this form.		
1	Total pages Schedule G:	2	FILER NAME			3 Filer ID (Ethics Commission Filers)	
	Sch: 13/14 Rpt: 28/29		Barry , Jeffrey M. (The Honorable)			00087985	
4	Date	5	Payee name				
	03/21/2025		Shipt				
6	Amount (\$)	7	Payee address; City; State	: Zip C	nde		
	\$164.00	420 20th St N, Suite 100					
	Reimbursement from						
	X political contributions intended		Birmingham, AL 35203				
_						70	
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	iedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	EXPENDITURE		Office Overhead/Rental Expense		Supplies for Cap		
					Supplies for Capi	illoi Office	
9	Camplete ONLY if direct	Cor	adidata/Officabaldar nama		Office cought	Office hold	
9	Complete ONLY if direct expenditure to benefit	Car	ididate/Oniceriolder name		Office sought	Office held	
	C/OH						
	Date		Payee name				
	01/29/2025		Stephen F Austin				
	Amount (\$)	<u>'</u>					
	\$278.99 701 Congress Ave						
	Reimbursement from		701 Congress 7 We				
	X political contributions intended		Austin, TX 78701				
					T 5 F	7	
	PURPOSE OF		Category (See Categories listed at the top of this sch	iedule)	Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	EXPENDITURE		Food/Beverage Expense		Meal with Constit	tuents to Discuss Officeholder Issues	
					With Constitution	tuents to Discuss Officeriblider issues	
_	Complete ONLY if direct	Car	ndidate/Officeholder name		Office sought	Office held	
expenditure to benefit							
	C/OH						
	Date		Payee name				
	01/17/2025		Target				
	Amount (\$)		Payee address; City; State	; Zip C	ode		
	\$71.11		901 E 5th St, Ste 140				
	Reimbursement from						
	X political contributions intended		Austin, TX 78702				
	PURPOSE	┢	Category (See Categories listed at the top of this sch	iedule)	Description	Check if travel outside of Texas. Complete Schedule T.	
	OF		Office Overhead/Rental Expense	,		Check if Austin, TX, officeholder living expense	
	EXPENDITURE				Supplies for Cap	itol Office	
		Car	ndidate/Officeholder name		Office sought	Office held	
	expenditure to benefit C/OH						
_							

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 ID Total pages Schedule G: FILER NAME (Ethics Commission Filers) Sch: 14/14 Rpt: 29/29 Barry, Jeffrey M. (The Honorable) 00087985 Date Payee name 06/09/2025 The Pearland EXPO Amount (\$) Payee address; City; State; Zip Code \$500.00 PO Box 1366 Reimbursement from political contributions intended Х Pearland, TX 77581 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** Sponsorship of Event Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/28/2025 West Pearland Republican Women Amount (\$) Payee address; City; State; Zip Code \$1,000.00 8201 Broadway, Ste 171 Reimbursement from political contributions Χ Pearland, TX 77584 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 Advertising Expense **EXPENDITURE** Sponsorship of Republican Women Event Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH