FORM C/OH CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 15 00088125 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Mr. Barry NAME Date Received **ELECTRONICALLY FILED** 07/14/2025 NICKNAME LAST **SUFFIX** Wernick CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 13770 Noel Rd. MAILING Receipt # Amount **ADDRESS** #800646 Dallas, TX 75380 Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Barry NAME NICKNAME LAST **SUFFIX** Wernick **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER** 13770 Noel Rd. **ADDRESS** #800646 (Residence or Business) Dallas, TX 75380 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (972) 503-5895 **PHONE**

January 15

Day

Day

03/05/2024

OFFICE HELD (if any)

ELECTION DATE

01/01/2025

Year

Year

July 15

Х

Month

Month

REPORT TYPE

PERIOD

10 ELECTION

11 OFFICE

COVERED

30th day before election

8th day before election

THROUGH

χ Primary

General

Runoff

Exceeded modified

Month

ELECTION TYPE

Runoff

Special

Day

06/30/2025

12 OFFICE SOUGHT (if known)

State Representative District 108

Year

Other

reporting limit

15th day after campaign treasurer appointment (officeholder only)
Final Report (Attach C/OH-FR)

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 15

13 C / OH NAME	Wernick, Barry (Mr.)		14 Filer ID 00088125	(Ethics Commission Filers)							
15 NOTICE FROM POLITICAL COMMITTEE(S)	ommittees to support the eholder's knowledge or titce of such expenditures.										
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME									
	GENERAL										
		COMMITTEE ADDRESS									
SPECIFIC											
		COMMITTEE CAMPAIGN TREASURER NAME									
		COMMITTEE CAMPAIGN TREASURER ADDR	ESS								
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER TH ES OF LOANS, OR CONTRIBUTIONS MADE EL		\$ 0.00							
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAI	NS)	\$ 1,147.28							
EXPENDITURE TOTALS											
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 2,577.63							
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 10,511.60							
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A TING PERIOD	S OF THE LAST DAY	\$ 0.00							
17 AFFIDAVIT		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code	all information required t								
			/Ir. Barry Wernick								
		Signature	of Candidate or Officehol	lder							
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	Signature of officer administering Printed name of officer administering Title of officer administering oath										

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				3 of 15						
18 FILER NAME19 Filer ID(Ethics Commission Filers)Wernick, Barry (Mr.)00088125										
20 SCHEDUL NAME OF	SUBTOTAL A	MOUNT								
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	1,147.28							
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$							
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$							
4.	SCHEDULE E: LOANS		\$							
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	2,577.63						
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$							
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$							
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$							
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$							
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$							
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$							
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$							

MONETARY POLITICAL CONTRIBUTI	ONS	SCHEDULE A1	-
The Instruction Guide explains how to complete this	1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/15		
2 FILER NAME Wernick, Barry (Mr.)		3 Filer ID (Ethics Commission Filers) 00088125	
4 Date 05/30/2025	7 Amount of Contribution (\$) \$1,147	.28	
Dallas, TX 75230			
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions	s)	
4	The Instruction Guide explains how to complete this FILER NAME Wernick, Barry (Mr.) Date 05/30/2025 5 Full name of contributor out-of-state PAC (ID# Diane Benjamin for Dallas 6 Contributor address; City; State; Zip Code Dallas, TX 75230	Wernick, Barry (Mr.) Date 05/30/2025 5 Full name of contributor out-of-state PAC (ID#:) Diane Benjamin for Dallas 6 Contributor address; City; State; Zip Code Dallas, TX 75230	The Instruction Guide explains how to complete this form. FILER NAME Wernick, Barry (Mr.) Date 05/30/2025 Diane Benjamin for Dallas Dallas, TX 75230 1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/15 3 Filer ID (Ethics Commission Filers) 00088125 7 Amount of Contribution (\$) \$1,147

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to cor	nple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 1/11 Rpt: 5/15	Wernick, Barry (Mr.)		00088125
4	Date	5 Payee name		
	01/27/2025	Constant Contact		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$170.56	1601 Trapelo Road		
		Waltham, MA 02451		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
	LAFLINDITORL			Check if Austin, TX, officeholder living expense
				Email Service
_	Operation ONE V # discort	Overallidada (Official Indiana and Indiana		Office held
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office souç	gnt	Office held
	Date	Payee name		
	02/25/2025	Constant Contact		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$170.56	1601 Trapelo Road		
		Waltham, MA 02451		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Email Services
	Complete ONLY if direct	Candidate/Officeholder name Office sout	ght	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	03/26/2025	Constant Contact		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$170.56	1601 Trapelo Road		
	,			
		Waltham, MA 02451		
	PURPOSE		(h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(1)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense
				Email Services
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	1		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						
1	Total pages Schedule F1:		_				
•	Sch: 2/11 Rpt: 6/15	Wernick, Barry (Mr.)					
L	<u> </u>	· · · · · · · · · · · · · · · · · · ·					
4	Date	5 Payee name					
	04/28/2025	Constant Contact					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$170.56	1601 Trapelo Road					
		Woltham MA 024F1					
		Waltham, MA 02451					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense					
		Email Services					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
L	experioliture to beriefit C/OI						
	Date	Payee name	=				
	05/25/2025	Constant Contact					
\vdash	Amount (\$)	Payee address; City; State; Zip Code	_				
	` ,						
	\$170.56 1601 Trapelo Road						
		Waltham, MA 02451					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Check if Austin, TX, officeholder living expense					
		Email Services					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	H					
H	Date	Payee name	_				
	06/26/2025	Constant Contact					
<u> </u>							
	Amount (\$)	Payee address; City; State; Zip Code					
	\$184.41	1601 Trapelo Road					
		Waltham, MA 02451					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Check if Austin, TX, officeholder living expense					
		Email Services					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	\neg				
	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

Contributions/ Donations made by - Gitt/Awards/Memorials Expense Printing Expense Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Credit Card Payment					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: 3/11 Rpt: 7/15		Wernick, Barry (Mr.)		00088125	
4	Date	5	Payee name			
	04/22/2025		Dallas County Republican Party			
6	Amount (\$)	7	Payee address; City; State; Zip Code			
	\$500.00		1617 N Central Expy			
			Suite 240			
			Dallas, TX 75243			
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	` `		outs	ide of Texas. Com	plete Schedule T.
	EXPENDITURE			n, TX	, officeholder living	expense
			Dallas GOP			
_	2	L				
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office sought		Office he	eld
		_				
	Date		Payee name			
	05/28/2025		Dallas County Republican Party			
	Amount (\$)		Payee address; City; State; Zip Code			
	\$112.78		1617 N Central Expy			
			Suite 240			
			Dallas, TX 75243			
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE		Contributions/Donations water by		ide of Texas. Com , officeholder living	
			Candidate/Officeholder/Political Committee	1, 1 ^	, onicendider living	ехрепзе
	Complete ONLY if direct		Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/OI		· ·			
	Date	Π	Payee name			
	05/14/2025		Dropbox			
	Amount (\$)		Payee address; City; State; Zip Code			
	\$127.79		1800 Owens St			
	¥==•					
			San Francisco, TX 94158			
	PURPOSE	(2)				
	OF	(۵)		outs	ide of Texas. Com	plete Schedule T.
	EXPENDITURE			n, TX	, officeholder living	expense
			Office Exper	se		
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office sought		Office he	eld
	experiorare to beliefft C/OI	' '				

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 EII ED NAME	3 Filer ID (Ethics Commission Filers)
1	Sch: 4/11 Rpt: 8/15	Wernick, Barry (Mr.)	00088125
4	Date	5 Payee name	
	01/13/2025	GoDaddy	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$22.17	2155 E. GoDaddy Way	
		Tempe, AZ 85284	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		outside of Texas. Complete Schedule T.
	EXPENDITURE		TX, officeholder living expense
		Web Services	3
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	
H	Date	Payee name	
	01/13/2025	GoDaddy	
	Amount (\$)	Payee address; City; State; Zip Code	
	* *		
	\$3.19	2155 E. GoDaddy Way	
		Tempe, AZ 85284	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	outside of Texas. Complete Schedule T.
	ZA ZHOHOKZ	I — I — I	TX, officeholder living expense
		Web Services	;
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	01/23/2025	GoDaddy	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$21.31	2155 E. GoDaddy Way	
		Tempe, AZ 85284	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	outside of Texas. Complete Schedule T.
	LAFENDITORE	l	TX, officeholder living expense
		Web Services	5
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	п	
l			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committ Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/11 Rpt: 9/15	Wernick, Barry (Mr.) 00088125
4	Date	5 Payee name
	01/24/2025	GoDaddy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$23.44	2155 E. GoDaddy Way
		Tempe, AZ 85284
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Web Services
		Web Services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Date	Davisa sama
	02/11/2025	Payee name
L		GoDaddy
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.19	2155 E. GoDaddy Way
		Tempe, AZ 85284
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Web Services
		Web Services
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Data	David and the second se
	Date 02/12/2025	Payee name CoDoddy
L		GoDaddy
	Amount (\$)	Payee address; City; State; Zip Code
	\$66.51	2155 E. GoDaddy Way
		Tempe, AZ 85284
	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 Web Services
		vven Services
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

ement Solicitation/Fundraising Expense
ense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a extension pot licted above)

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/11 Rpt: 10/15	Wernick, Barry (Mr.) 00088125
4	Date	5 Payee name
	02/24/2025	GoDaddy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$44.75	2155 E. GoDaddy Way
		Tempe, AZ 85284
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
		Web Services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	03/11/2025	GoDaddy
_	Amount (\$)	Payee address; City; State; Zip Code
	\$3.19	2155 E. GoDaddy Way
	ΨΟ.ΞΟ	2133 E. Goddady way
		Tempe, AZ 85284
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXPLINDITORL	Check if Austin, TX, officeholder living expense
		Web Services
_	C. L. Chilly if disease	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/24/2025	GoDaddy
	Amount (\$)	Payee address; City; State; Zip Code
	\$284.63	2155 E. GoDaddy Way
		Tempe, AZ 85284
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Web Services
		Web Services
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/11 Rpt: 11/15	Wernick, Barry (Mr.) 00088125
4	Date	5 Payee name
	04/11/2025	GoDaddy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.19	2155 E. GoDaddy Way
		Tempe, AZ 85284
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
		Web Services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	04/24/2025	GoDaddy
	Amount (\$)	Payee address; City; State; Zip Code
	\$44.75	2155 E. GoDaddy Way
		Tempe, AZ 85284
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Web Services
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/12/2025	GoDaddy
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.19	2155 E. GoDaddy Way
		Tempe, AZ 85284
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Web Services
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to belieff 6/01	·

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services The Instruction Guide	Salaries/	Wages	/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	Ī				3	Filer ID	(Ethics Commission Filers)
	Sch: 8/11 Rpt: 12/15	Wernick, B	arry (Mr.)					00088125	
4	Date	5 Payee name							
	05/27/2025	GoDaddy							
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip C	ode				
	\$44.75	2155 E. Go	Daddy Way						
		Tempe, AZ	85284						
8	PURPOSE	(a) Category (S	ee Categories listed at the t	op of this schedule)	(b)	Description			
	OF EXPENDITURE	Advertising	Expense					de of Texas. Com	
						Web Services		officeholder living	expense
						VVCD OCIVICO	,		
9	Complete ONLY if direct	Candidate/Off	ceholder name	Office so	l Uaht			Office he	eld
	expenditure to benefit C/O		Solididei Hairie	Office 30	agni			Since He	J.G.
	Date	Payee name							
	06/11/2025	GoDaddy							
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode				
	\$3.19	1	Daddy Way	эннэ, шр э					
	Ψ0.13	2100 L. 00	Daddy Way						
		Tempe, AZ	85284						
	PURPOSE	(a) Category (S	ee Categories listed at the t	op of this schedule)	(b)	Description			
	OF EXPENDITURE	Advertising	Expense			_		de of Texas. Com	
						Web Services		officeholder living	expense
						Web dervices	,		
	Complete ONLY if direct	Candidate/Off	iceholder name	Office so	<u>l</u> ught			Office he	eld
	expenditure to benefit C/O			222 00	J				
	Date	Payee name							
	01/21/2025	HP							
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode				
	\$31.91	3001 Dallas		. , -					
			-						
		Frisco, TX	75034						
	PURPOSE	(a) Category (S	ee Categories listed at the t	op of this schedule)	(b)	Description			
	OF EXPENDITURE	Office Over	head/Rental Expe	nse				de of Texas. Com	•
						<u> </u>	, TX,	officeholder living	expense
						Printing			
	Complete ONLY if direct	Candidate/∩ff	ceholder name	Office so	Light			Office he	ald
	expenditure to benefit C/O		CONORCE HAIRE	Office 50	agrit			Onice He	ли

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking Consulting Expense Contributions/ Donations Made By -			Fees Food/Bevera Gift/Awards/N Legal Service	Event Expense Loan Repayment/Reimbursement Free Ord/Beverage Expense Polling Expense Filt/Awards/Memorials Expense Filter Expense Frinting Expense Filter Expense Salaries/Wages/Contract Labor Free Instruction Guide explains how to complete this form.			d/Rental Expense e se s/Contract Labor	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 F1:	2	EII ED NAME		<u> </u>				3	Filer ID	(Ethics Commission Filers)	
_	Sch: 9/11 Rpt: 13/15	ı	Wernick, Ba						3	00088125	(Luncs Commission Filers)	
4	Date	5	Payee name									
	02/18/2025		HP									
6	Amount (\$) \$31.91		Payee address; City; State; Zip Code 3001 Dallas Pkwy Frisco, TX 75034									
8	PURPOSE OF EXPENDITURE		Timing Expense							utside of Texas. Complete Schedule T. TX, officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		Candidate/Offi	ceholder n	ame	Office so	ught			Office he	ld	
	Date		Payee name									
	03/18/2025		HP									
Amount (\$) Payee address; City; State; Zip Code												
	\$31.91		3001 Dallas Frisco, TX 7	-								
	DUDDOCE	├					(6)					
PURPOSE (a) Category OF EXPENDITURE Printing E				Check if A			Check if travel	travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense				
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Offi	ceholder n	ame	Office so	ught			Office he	ld	
	Date 04/18/2025	ı	Payee name HP									
	Amount (\$) \$31.91		Payee addres	Pkwy	y; Sta	ate; Zip C	ode					
		-	Frisco, TX 7				-					
	PURPOSE OF EXPENDITURE		Category (Se Printing Exp		listed at the top of this	schedule)	(b)			de of Texas. Comp		
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Offi	ceholder n	ame	Office so	ught			Office he	ld	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
vertising Expense Event Expense Loan Repayment/Reimbu

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

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 co	omplete this form.			
1 Total pages Schedule F1:	2 FILER NAME		3 Filer I	D ((Ethics Commission Filers)
Sch: 10/11 Rpt: 14/15	Wernick, Barry (Mr.)		0008	8125	
4 Date	5 Payee name				
05/17/2025	HP				
6 Amount (\$)	7 Payee address; City; State; Zip C	ode			
\$36.78	3001 Dallas Pkwy				
	Frisco, TX 75034				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
OF	Printing Expense		el outside of Tex	xas. Comple	ete Schedule T.
EXPENDITURE		ı —	tin, TX, officeho	lder living e	xpense
		Printing			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sou	ught	0	office held	d
	···				
Date	Payee name				
06/17/2025	HP				
Amount (\$)	Payee address; City; State; Zip C	ode			
\$36.78	3001 Dallas Pkwy				
	Frisco, TX 75034				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
OF EXPENDITURE	Printing Expense	el outside of Tex			
		ı 	tin, TX, officeho	lder living e	xpense
		Printing			
Complete ONLY if direct	Candidate/Officeholder name Office so	laht		Office held	4
expenditure to benefit C/C		ugnt	O	nice neic	1
	T _				
Date	Payee name				
01/21/2025	Southwest Airlines				
Amount (\$)	Payee address; City; State; Zip C	ode			
\$8.00	2702 Love Field Drive				
	Dallas, TX 75235				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
OF EXPENDITURE	Internet		el outside of Tex		
		WiFi	tin, TX, officeho	ider living e	xpense
Complete ONLY if direct	Candidate/Officeholder name Office so	<u>l</u>		Office held	1
expenditure to benefit C/C		ag. 11	O	moc noit	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Comm Credit Card Payment		Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					Travel in District Travel Out of Dis OTHER (enter a			
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID	(Ethics Commission Filers)
	Sch: 11/11 Rpt: 15/15		Wernick, B						00088125	,
4	Date	5	Payee name	 e						
	02/03/2025		Tax-Aid Fil							
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$19.20									
			Minneanol	is, MN 55431						
8	PURPOSE	(a)				(h) Description			
ľ	OF	(a)	Accounting	See Categories listed at the to	p of this sched	dule)		el outs	ide of Texas. Com	plete Schedule T.
	EXPENDITURE		Accounting	g/Darking		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
							Tax Filing			
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Of	ficeholder name	Of	ffice sough	t		Office he	eld