Texas Ethics Commission	P.O. Box 12	070 Austin, Texas 78711-2070	(512)463-5800	1-800-325-850
CANDIDATE SUPPORT &		OLDER REPORT:		FORM C/OH SHEET PG 2
14 C/OH NAME Barre	ett, Daniel (Mr.)		15 ACCOUNT # 00002011	(Ethics Commission filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	nave been made with	otice of political expenditures by political committees to support the cal nout the candidate's or officeholder's knowledge or consent. Candidate by receive notice of such expenditures	ndidate / officeholder. T es and officeholders ar	These expenditures may e required to report this
	GENERAL	COMMITTEE ADDRESS		
☐ additional pages	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
_		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. TOTAL F PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
		OLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	19,399.07
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	64.29
	4. TOTAL P	OLITICAL EXPENDITURES	\$	9,544.95
CONTRIBUTION BALANCE	5. TOTAL P LAST DA	OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE Y OF THE REPORTING PERIOD	\$	8,965.44
OUTSTANDING LOAN TOTALS	6. TOTAL P LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$	0.00
Maria Maria	REBECCA D. MEEK (COMMISSION EXPIRES January 24, 2014		f perjury, that the act information require	d to be reported by
Sworn to and subscribe	ed before me, by the		, this the <u>)</u>	4th_day
Signature of officer admini	Stering oath	Print name of officer administering oath	Notar itle of officer adminis	stering oath

	1 1 1 hm f				
The	• Instructi	ON GUIDE explains how to complete this form.	-	1 PAGE # Schedule: 1/	16 Report: 3/26
2 FILE	ER NAME	Barrett, Daniel (Mr.)		3 ACCOUNT # 00002011	(Ethics Commission filers)
4 D	ate	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
03/1	19/2011	6 Contributor address; City; State; Zip Code 6145 Wedgwood Drive Fort Worth, TX 76133		\$500.00	
					Texas, complete Schedule T)
	cipai occup iness Ow	pation / Job title (See Instructions) vner	10 Employer (See I Self	nstructions)	
D	ate	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/1	5/2011	Contributor address; City; State; Zip Code 4808 Winthrop Ave W Fort Worth, TX 76116		\$50.00	[
				(If travel outside of	Texas, complete Schedule T)
	cipal occup cutive Dir	ation / Job title (See Instructions) ector	Employer (See li Amphibian		Toxas, complete scriedale 1)
Da	ate	Full name of contributor	<i>‡</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/2	1/2011	Contributor address; City; State; Zip Code 1605 Sixth Ave Fort Worth, TX 76104		\$500.00	
Dring	inal accur	otion / Joh Millo (Con Instructions)			Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Ir Self	nstructions)		
Da	ate	Full name of contributor ut-of-state PAC (ID# Baird, Susan (Ms.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/04	4/2011	Contributor address; City; State; Zip Code 411 Monticello Drive Fort Worth, TX 76107		\$50.00 	
Deire		No. (11 NY 6)			Texas, complete Schedule T)
Princi	ipai occupa	ation / Job title (See Instructions)	Employer (See In	structions)	
Da	ite	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/03	3/2011	Contributor address; City; State; Zip Code 3301 W 130th St Leawood, KS 66209		\$75.00 	
Dei-	nol cas	Size / Joh Mile (Co. L.			exas, complete Schedule T)
Attori		ttion / Job title (See Instructions)	Employer (See In: Self	structions)	

	The INSTRUCTI	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/	16 Report: 4/26	
2	FILER NAME	Barrett, Daniel (Mr.)		3 ACCOUNT# 00002011	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID Bakutis, David (Mr.)	#)	7 Amount of contribution (\$)	8	
	03/28/2011	6 Contributor address; City; State; Zip Code 2115 Weatherbee Fort Worth, TX 76110		\$500.00	 	
Ļ					Texas, complete Schedule T)	
9	Attorney	pation / Job title (See Instructions)	10 Employer (See Ir Self	nstructions)		
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	03/25/2011	Contributor address; City; State; Zip Code 2420 Medford Ct E Fort Worth, TX 76109		\$300.00	 	
				/If troval autaida af	Tours committee Cabadala TV	
	Principal occup	ation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)	
	Attorney	, , , , , , , , , , , , , , , , , , ,	Self			
	Date	Full name of contributor ut-of-state PAC (ID# Barrett, Debra (Mrs.)	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	03/11/2011	Contributor address; City; State; Zip Code 4516 Cloudview Fort Worth, TX 76109		\$50.00		
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup Realtor	ation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
(02/25/2011	Contributor address; City; State; Zip Code 3516 Park Ridge Blvd. Fort Worth, TX 76109		\$100.00 <mark> </mark> 		
					Texas, complete Schedule T)	
	Retired	ation / Job title (See Instructions)	Employer (See Ins N/A	structions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
(03/28/2011	Contributor address; City; State; Zip Code 609 Colts Neck Court Colleyville, TX 76034		\$100.00 <mark> </mark> 		
				(If travel outside of 1	exas, complete Schedule T)	
	Principal occupa	ntion / Job title (See Instructions)	Employer (See Ins			
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The Instruct	TION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/	16 Report: 5/26
2 FILER NAME	Barrett, Daniel (Mr.)		3 ACCOUNT# 00002011	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID Berenson, William (Mr.)	#)	7 Amount of contribution (\$)	l 8 In-kind contribution description (if applicable)
03/28/2011	6 Contributor address; City; State; Zip Code 1701 River Run Ste 900 Fort Worth, TX 76107		\$250.00	
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	<u> </u>	Texas, complete Schedule T)
Attorney	, ···	Self	istructions)	
Date	Full name of contributor ut-of-state PAC (ID: Brantley, Rickey (Mr.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/28/2011	Contributor address; City; State; Zip Code 2308 Winton Terrace West Fort Worth, TX 76109		\$500.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu Attorney	pation / Job title (See Instructions)	Employer (See In Self	structions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/15/2011	Contributor address; City; State; Zip Code 2521 Ryan Place Dr. Fort Worth, TX 76110		\$100.00	
Principal occur	pation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
Negotiator	such y door like (dee mandehons)		structions) Locomotive Engin	eers & Trainmen
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/15/2011	Contributor address; City; State; Zip Code 4320 Bellaire Dr. South #204W Fort Worth, TX 76109		\$20.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor uut-of-state PAC (ID# Busch, Elizabeth (Mrs.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/08/2011	Contributor address; City; State; Zip Code P.O. Box 470278 Fort Worth, TX 76147		\$500.00 <mark> </mark> I	
Principal occurs	ation / Job title (See Instructions)			exas, complete Schedule T)
Student	audit (See IIIstructions)	Employer (See Ins N/A	tructions)	

The Instruction Guide explains how to complete this form.	-	1 PAGE #	16 Report: 6/26
2 FILER NAME Barrett, Daniel (Mr.)		3 ACCOUNT # 00002011	(Ethics Commission filers)
4 Date 5 Full name of contributor ☐ out-of-state Particle Chambers, Martha (Mrs.)	AC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
03/15/2011 6 Contributor address; City; State; Zip 3112 Tanglewood Trail Fort Worth, TX 76109	Code	\$50.00	†
		(If travel outside of	Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) Retired	10 Employer (See Ir N/A	nstructions)	
Date Full name of contributor out-of-state PA Chhean, Chhunny (Ms.)	AC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/15/2011 Contributor address; City; State; Zip 1008 Terrace View Drive Fort Worth, TX 76108	Code	\$60.00	
		(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Attorney	Employer (See In Self	nstructions)	
Date Full name of contributor out-of-state PA Cordell, Carol (Mrs.)	AC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/11/2011 Contributor address; City; State; Zip (1217 Marlborough Dr. Fort Worth, TX 76134	Code	\$20.00	
		(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Retired	Employer (See In N/A	structions)	
Date Full name of contributor ☐ out-of-state PA Cordell, Carol (Mrs.)	C (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/15/2011 Contributor address; City; State; Zip 0 1217 Marlborough Dr. Fort Worth, TX 76134	Code	\$25.00	
		L	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Retired	Employer (See In: N/A	structions)	
Date Full name of contributor out-of-state PA Crowley, Patricia (Mrs.)	C (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/22/2011 Contributor address; City; State; Zip C 3021 Simondale Drive Fort Worth, TX 76109	Code	\$250.00 	
		(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Retired	Employer (See Ins	structions)	

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	The Instructi	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/	/16 Report: 7/26
2	FILER NAME	Barrett, Daniel (Mr.)		3 ACCOUNT # 00002011	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID Davis, Jeff (Mr.))	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	03/11/2011	6 Contributor address; City; State; Zip Code 420 Throckmorton Ste. 640 Fort Worth, TX 76102		\$1,000.00	
					f Texas, complete Schedule T)
9	Principal occup Attorney/Bus	pation / Job title (See Instructions) iness Owner	10 Employer (See II Self	nstructions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable) Print services
	03/15/2011	Contributor address; City; State; Zip Code 4076 E. Lancaster Fort Worth, TX 76103		\$119.07	
				(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Manager/printer			Employer (See Instructions) Print Masters Studio		
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/15/2011	Contributor address; City; State; Zip Code 1104 Buck Ave. Fort Worth, TX 76110		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Retired		Employer (See In N/A	structions)		
	Date	Full name of contributor ut-of-state PAC (ID# Elbitar, Nehme (Mr.)	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable) Event refreshments
	03/15/2011	Contributor address; City; State; Zip Code 1622 Park Place Ave Fort Worth, TX 76110		\$1,000.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Business Owr	ation / Job title (See Instructions) ner	Employer (See In Self	<u></u>	,
	Date	Full name of contributor ut-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
(04/01/2011	Contributor address; City; State; Zip Code 1205 Mistletoe Drive Fort Worth, TX 76110		\$250.00 	
				(If travel outside of	Texas, complete Schedule T)
	Principal occupa Attorney	ation / Job title (See Instructions)	Employer (See Ins Brackett & Ellis		-

POLITICAL CONTRIBUTIONS

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	The INSTRUCT	ION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/	16 Report: 8/26
2	FILER NAME	Barrett, Daniel (Mr.)		3 ACCOUNT # 00002011	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID England, Kirk (Mr.)	#)	7 Amount of contribution (\$)	l 8 In-kind contribution description (if applicable)
	03/17/2011	6 Contributor address; City; State; Zip Code 3630 Green Hollow 4242 S. Carrier Grand Prairie, TX 75052		\$200.00	
			T		Texas, complete Schedule T)
9		pation / Job title (See Instructions) usiness Owner	10 Employer (See I Self	nstructions)	
ļ !	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/15/2011	Contributor address; City; State; Zip Code 2837 Townsend Dr. Fort Worth, TX 76110	••••••	\$250.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Teacher	ation / Job title (See Instructions)	Employer (See II FWISD		
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
(03/15/2011	Contributor address; City; State; Zip Code 2220 Park Place Ave. Fort Worth, TX 76110		\$50.00	 - -
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Administrative	ation / Job title (See Instructions) e Assistant	Employer (See In Anderson, Sme		
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
()4/01/2011	Contributor address; City; State; Zip Code 6475 Crestmore Road Fort Worth, TX 76116		\$100.00 	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Retired	ation / Job title (See Instructions)	Employer (See In N/A	structions)	
	Date	Full name of contributor uut-of-state PAC (ID# Green, Scott (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
0	3/15/2011	Contributor address; City; State; Zip Code 3905 Summercrest Dr. Fort Worth, TX 76109		\$250.00 	
				(If travel outside of T	exas, complete Schedule T)
ŀ	Principal occupa	ation / Job title (See Instructions)	Employer (See In	<u> </u>	

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 **POLITICAL CONTRIBUTIONS** SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The Instruction Guide explains how to complete this form. Schedule: 7/16 Report: 9/26 2 FILER NAME Barrett, Daniel (Mr.) 3 ACCOUNT # (Ethics Commission filers) 00002011 5 Full name of contributor ☐ out-of-state PAC (ID# Date Amount of In-kind contribution Gutierrez, Felipe (Mr.) contribution (\$) description (if applicable) 6 Contributor address; 03/15/2011 City; State; Zip Code \$60.00 402 Pennsylvania Kennedale, TX 76061 (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#_ Amount of In-kind contribution contribution (\$) description (if applicable) Hardin, Dave (Mr.) 03/07/2011 Contributor address; City; State; Zip Code \$250.00 P.O. Box 5548 Fort Worth, TX 76049 (If travel outside of Texas, complete Schedule T)

CPA	pation / Job title (See Instructions)	Employer (See In Self	estructions)	
Date	Full name of contributor □ out-of-state PAC (ID# Henry, Rodney (Mr.)	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/15/2011	Contributor address; City; State; Zip Code 10178 Meadowcrest Dr. Benbrook, TX 76126	• • • • • • • • • • • • • • • • • • • •	\$100.00 	
			(If travel outside of T	exas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Holbert, Gregg (Mr.)	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/11/2011	Contributor address; City; State; Zip Code 10509 Unity Drive Fort Worth, TX 76108	·····	\$100.00 	
			(If travel outside of T	exas, complete Schedule T)
Principal occup IT Services	pation / Job title (See Instructions)	Employer (See In Aledo ISD	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/14/2011	Contributor address; City; State; Zip Code 4804 W. Jim Mitchell Trail Colleyville, TX 76034		\$100.00	
			(If travel outside of Ta	exas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins		skes, complete Schedule 1)
Retired	,	N/A		

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/	16 Report: 10/26
2 FILER NAME	Barrett, Daniel (Mr.)		3 ACCOUNT # 00002011	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID Ibanez, Gregory (Mr.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
03/15/2011	6 Contributor address; City; State; Zip Code 2429 Colonial Parkway Fort Worth, TX 76109	•••••	\$200.00	
5				Texas, complete Schedule T)
9 Principal occup Architect	eation / Job title (See Instructions)	10 Employer (See In Self	structions)	
Date	Full name of contributor ut-of-state PAC (ID: James, Cindy (Mrs.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/14/2011	Contributor address; City; State; Zip Code 5816 Wedgworth Rd. Fort Worth, TX 76133	• • • • • • • • • • • • • • • • • • • •	\$100.00	}
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor uut-of-state PAC (ID# Jim, DeFoor (Mr.)	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/15/2011	Contributor address; City; State; Zip Code 3812 Busseron Dr. Fort Worth, TX 76116		\$200.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/15/2011	Contributor address; City; State; Zip Code 1201 Park Row Dr. Arlington, TX 76013	***************************************	\$100.00 	
			(If travel outside of 1	exas, complete Schedule T)
Principal occupa Executive Dire	tion / Job title (See Instructions)	Employer (See Ins HELP	tructions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/14/2011	Contributor address; City; State; Zip Code 4200 Airport Freeway Fort Worth, TX 76117-6262	• • • • • • • • • • • • • • • • • • • •	\$100.00 <mark> </mark> 	
			(If travel outside of T	exas, complete Schedule T)
Principal occupa	tion / Job title (See Instructions)	Employer (See Inst	tructions)	

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/	16 Report: 11/26
2	FILER NAME	Barrett, Daniel (Mr.)		3 ACCOUNT# 00002011	(Ethics Commission filers)
4	Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	03/14/2011	6 Contributor address; City; State; Zip Code 4759 Overton Woods Drive Fort Worth, TX 76109	• • • • • • • • • • • • • • • • • • • •	\$250.00	†
L					Texas, complete Schedule T)
9	Principal occup Realtor	pation / Job title (See Instructions)	10 Employer (See In Self	nstructions)	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/07/2011	Contributor address; City; State; Zip Code 306 W. Broadway Fort Worth, TX 76104		\$1,200.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Attorney/Med	pation / Job title (See Instructions) liator	Employer (See In Self	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/03/2011	Contributor address; City; State; Zip Code 5312 Bendbridge Dr. Fort Worth, TX 76107	•••••	\$200.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Mediator	eation / Job title (See Instructions)	Employer (See In Self	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/09/2011	Contributor address; City; State; Zip Code 3724 Briarhaven Fort Worth, TX 76109		\$200.00 	
				(If travel outside of	Texas, complete Schedule T)
	Business Owr	ation / Job title (See Instructions)	Employer (See In: Self	structions)	
	Date	Full name of contributor uut-of-state PAC (ID# Lovett, Karen (Ms.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/15/2011	Contributor address; City; State; Zip Code 2837 Townsend Fort Worth, TX 76110		\$50.00 <mark> </mark> I	
	Delate				exas, complete Schedule T)
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)	
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POLITICAL CONTRIBUTIONS

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The Instruct	ION GUIDE explains how to complete this form.		1 PAGE # Schedule: 10	0/16 Report: 12/26
2 FILER NAME	Barrett, Daniel (Mr.)		3 ACCOUNT # 00002011	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID Lynch, Sean (Mr.))#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
03/15/2011	6 Contributor address; City; State; Zip Code 1601 College Fort Worth, TX 76104		\$50.00	
- Di				Texas, complete Schedule T)
9 Principal occu General Cou	pation / Job title (See Instructions) insel	10 Employer (See Ir D.K. Haney Ro		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/31/2011	Contributor address; City; State; Zip Code 100 Main Fort Worth, TX 76102		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Attorney	pation / Job title (See Instructions)	Employer (See In Brackett & Ellis		
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/01/2011	Contributor address; City; State; Zip Code 4116 Trail Lake Dr. Fort Worth, TX 76109	•••••	\$100.00 I	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Retired	eation / Job title (See Instructions)	Employer (See Ins N/A	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/28/2011	Contributor address; City; State; Zip Code 111 Rivercrest Dr. Fort Worth, TX 76107		\$300.00 <mark> </mark> 	
Principal occup Attorney	ation / Job title (See Instructions)	Employer (See Ins Wick Phillips		Texas, complete Schedule T)
Date	Full name of contributor Under out-of-state PAC (ID# McAlister, Kenneth (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/18/2011	Contributor address; City; State; Zip Code 1701 River Run Ste 1118 Fort Worth, TX 76107		\$500.00 	
Principal occur-	ntion / Joh title /Con Instruction			exas, complete Schedule T)
Attorney	ation / Job title (See Instructions)	Employer (See Ins Self	tructions)	

	CAL CONTRIBUTIONS R THAN PLEDGES OR LOA	NS		SCHEDULE A
The Instruction	ION GUIDE explains how to complete this form.		1 PAGE#	/16 Report: 13/26
2 FILER NAME	Barrett, Daniel (Mr.)		3 ACCOUNT # 00002011	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID: McCarthy, Francis (Mr.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
03/15/2011	6 Contributor address; City; State; Zip Code 1208 W. Magnolia Ste 212 Fort Worth, TX 76110		\$250.00	
A Principal coop	nation / Joh title (See Instructions)	10 5		Texas, complete Schedule T)
9 Principal occu Business Ow	pation / Job title (See Instructions) /ner	10 Employer (See Ins Self	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/09/2011	Contributor address; City; State; Zip Code 3628 W. Boyce Fort Worth, TX 76133		\$50.00	l I
			(If travel outside of	Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See Ins	-	
Plumber		Self		
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/28/2011	Contributor address; City; State; Zip Code 1301 Ballinger Street Fort Worth, TX 76102		\$500.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Attorney	ation / Job title (See Instructions)	Employer (See Ins Self	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Murphy, Thomas (Dr.)	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/30/2011	Contributor address; City; State; Zip Code 3009 Simondale Fort Worth, TX 76109		\$100.00 	
			(If travel outside of 1	Texas, complete Schedule T)
Principal occup Physician	ation / Job title (See Instructions)	Employer (See Ins Self	tructions)	
Date	Full name of contributor ut-of-state PAC (ID# Nutt, Carl (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		 \$40.00	
03/15/2011	1353 Fieldstone Bedford, TX 76022		·	
03/15/2011			(If travel outside of 3	exas, complete Schedule T)

	The Instruct	ION GUIDE explains how to complete this form.		1 PAGE # Schedule: 12	2/16 Report: 14/26		
2	FILER NAME	Barrett, Daniel (Mr.)		3 ACCOUNT # 00002011	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID: Ortiz, Daniel (Mr.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	03/28/2011	6 Contributor address; City; State; Zip Code 1304 W Abram Arlington, TX 76013		\$150.00	 		
L					Texas, complete Schedule T)		
9	Attorney	pation / Job title (See Instructions)	10 Employer (See In Self	nstructions)			
	Date	Full name of contributor ut-of-state PAC (ID# Parker, Jordan (Mr.)	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	03/31/2011	Contributor address; City; State; Zip Code 2901 Riverhollow Ct Fort Worth, TX 76116-0803		\$250.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Attorney	pation / Job title (See Instructions)	Employer (See In Cantey & Hang				
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
04/01/2011 Contributor address; City; State; Zip Code 307 W. 7th Street Ste 1225 Fort Worth, TX 76102			•••••	\$250.00			
Principal occupation / Job title (See Instructions)			Employer (See In		Texas, complete Schedule T)		
Attorney			Self	eti detions)			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
ı	03/15/2011	Contributor address; City; State; Zip Code 10300 Drop Tine Court Fort Worth, TX 76126		\$50.00 			
					Texas, complete Schedule T)		
	Ross & Matth	ation / Job title (See Instructions) ews, LLP	Employer (See Ins	structions)			
	Date	Full name of contributor ut-of-state PAC (ID# Pierce, Jo (Ms.))	Amount of contribution (\$)	In-kind contribution description (if applicable)		
(02/26/2011	Contributor address; City; State; Zip Code 308 Ascot Dr. Euless, TX 76040		\$100.00 <mark> </mark> I			
	Principal coarra	ntion / Joh title (See Instruction)			exas, complete Schedule T)		
	Retired	ation / Job title (See Instructions)	Employer (See Ins N/A	tructions)			

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The Instruct	TION GUIDE explains how to complete this form.		1 PAGE # Schedule: 13	3/16 Report: 15/26
2 FILER NAME	Barrett, Daniel (Mr.)		3 ACCOUNT # 00002011	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (II Pierson, Paula (Ms.)	D#)	7 Amount of contribution (\$)	In-kind contribution description (if applicable)
03/28/2011	6 Contributor address; City; State; Zip Code 301 W. Abram Arlington, TX 76010	• • • • • • • • • • • • • • • • • • •	\$500.00	†
				Texas, complete Schedule T)
9 Principal occu Business Ov	pation / Job title (See Instructions) vner	10 Employer (See I Self	Instructions)	
Date	Full name of contributor ut-of-state PAC (ID Pollock, Sara (Ms.)	D#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/15/2011	Contributor address; City; State; Zip Code 230 Winfield Hudson Oaks, TX 76087		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Marketing	pation / Job title (See Instructions)	Employer (See II Alamo Title	nstructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/17/2011	Contributor address; City; State; Zip Code 6000 Western Place Ste 200 Fort Worth, TX 76107		\$300.00	 - -
	ation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
Attorney		Self	,	
Date	Full name of contributor ut-of-state PAC (ID: Priolo, Sophia (Ms.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/15/2011	Contributor address; City; State; Zip Code 1618 College Ave Fort Worth, TX 76104	••••••	\$25.00 	
			(If travel outside of 1	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor uut-of-state PAC (ID#Roach, Paul John (Mr.)	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/15/2011	Contributor address; City; State; Zip Code 1240 Kelpie Ct. Fort Worth, TX 76111		\$500.00 	
Dii	7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -			exas, complete Schedule T)
Principal occupa Senior Ministe	ation / Job title (See Instructions) r	Employer (See Ins Unity Church of		

CAL CONTRIBUTIONS R THAN PLEDGES OR LOAI	NS		SCHEDULE A		
ION GUIDE explains how to complete this form.		1 PAGE # Schedule: 14/16 Report: 16/26			
Barrett, Daniel (Mr.)		3 ACCOUNT# 00002011	(Ethics Commission filers)		
5 Full name of contributor out-of-state PAC (ID# Ruckle, John (Mr.)	;)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
6 Contributor address; City; State; Zip Code 307 W. 7th Ste 1225 Fort Worth, TX 76102		\$100.00			
		<u> </u>	Texas, complete Schedule T)		
	10 Employer (See Ir Self	nstructions)			
Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 5016 Cockrell Ave Fort Worth, TX 76133		\$100.00			
		(If travel outside of	Texas, complete Schedule T)		
pation / Job title (See Instructions)	Employer (See In		. sale, complete concede ()		
Full name of contributor out-of-state PAC (ID# Shawn M. Cowden Construction, LLC	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 5016 Cockrell Ave Fort Worth, TX 76133		\$100.00			
		(If travel outside of	Texas, complete Schedule T)		
ation / Job title (See Instructions)	Employer (See In	structions)			
Full name of contributor ut-of-state PAC (ID# Shelton, Andrew (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 1501 Forest Park Circle #104 Bedford, TX 76021		\$5.00 			
ation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)		
Full name of contributor ut-of-state PAC (ID#_Sitton, Sherry (Mrs.))	Amount of contribution (\$)	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 6417 Ridglea Fort Worth, TX 76116		\$250.00			
		'			
	R THAN PLEDGES OR LOA Barrett, Daniel (Mr.) 5 Full name of contributor	THAN PLEDGES OR LOANS ON GUIDE explains how to complete this form. Barrett, Daniel (Mr.) 5 Full name of contributor	THAN PLEDGES OR LOANS ON Guide explains how to complete this form. 1 PAGE # Schedule: 14 Barrett, Daniel (Mr.) 3 ACCOUNT # 00002011 5 Full name of contributor		

OTTIE	THAN PLEDGES OR LOA			
The Instructi	ION GUIDE explains how to complete this form.		1 PAGE # Schedule: 15	5/16 Report: 17/26
2 FILER NAME	Barrett, Daniel (Mr.)		3 ACCOUNT# 00002011	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID: Staples, George (Mr.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
03/01/2011	6 Contributor address; City; State; Zip Code 2505 Fox Glenn Circle Bedford, TX 76021		\$500.00	†
		·	<u></u>	Texas, complete Schedule T)
9 Principal occui	pation / Job title (See Instructions)	10 Employer (See In TOASE	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/02/2011	Contributor address; City; State; Zip Code 4200 West Vickery Blvd Fort Worth, TX 76107		\$2,500.00	
	Tox void, px role.		(If travel autoids of	
Principal occup	Loation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
		, , ,	•	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/12/2011	Contributor address; City; State; Zip Code P.O. Box 12434 Fort Worth, TX 76110		\$750.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/15/2011	Contributor address; City; State; Zip Code 2214 Fairmount Fort Worth, TX 76110		\$50.00 	
				Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/15/2011	Contributor address; City; State; Zip Code 3832 Westcliff Rd. S. Fort Worth, TX 76109		\$50.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Ins		Texas, complete Schedule T)
,				

POLITICAL CONTRIBUTIONS

2 FILER NAME Barrett, Daniel (Mr.) 4 Date 5 Full name of contributor White, Janet (Ms.) 03/15/2011 6 Contributor address; City: State: Zip Code 2214 Farmount Fort Worth, TX 76110 9 Principal occupation / Job title (See Instructions) Letter Carrier Date Full name of contributor (Mr.) 02/28/2011 Contributor address; City: State: Zip Code (Ity Withrow, Wendell (Mr.) Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Attorney Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Attorney Principal occupation / Job title (See Instructions) Attorney Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (fl applications) O3/28/2011 Contributor address; City: State: Zip Code (Ity State: Zip Code (I	The Instruct	ION GUIDE explains how to complete this form.	1 PAGE # Schedule: 16/16 Report: 18/26		
White, Janet (Ms.) Contributor (\$) description (if application of the process of the proce	2 FILER NAME	ER NAME Barrett, Daniel (Mr.)			(Ethics Commission filers)
2214 Fairmount Fort Worth, TX 76110 Principal occupation / Job title (See Instructions) Date	4 Date		<u> </u>		l 8 In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Date Full name of contributor	03/15/2011	2214 Fairmount		\$50.00	
Letter Carrier Date	9 Principal con	nation / Joh title (See Instructions)	40 5		Texas, complete Schedule T)
Withrow, Wendell (Mr.) Contribution (\$) description (if application of the principal occupation of the principal occupation of the principal occupation of the principal occupation occupation of the principal occupation occupa				istructions)	
1120 Metrocrest Dr Ste 200 (If travel outside of Texas, complete Schedule	Date		<u> </u>		In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney Employer (See Instructions) Self	02/28/2011	1120 Metrocrest Dr Ste 200		\$100.00	
Attorney Self				(If travel outside of	Texas, complete Schedule T)
Woodard, Don (Mr.) O3/28/2011		pation / Job title (See Instructions)		structions)	
1300 S University Dr Ste. 600 (If travel outside of Texas, complete Schedule	Date)		In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Business Owner Employer (See Instructions) Self	1300 S University Dr Ste. 600			\$100.00	
Business Owner Self Date Full name of contributor				(If travel outside of	Texas, complete Schedule T)
Zimmerman, Jo-Ann (Ms.) Contribution (\$) description (if application of applicat				structions)	
1518 El Camino Real Fort Worth, TX 76040	Date)		In-kind contribution description (if applicable)
l	03/07/2011	1518 El Camino Real		\$50.00 	
(If travel outside of Texas, complete Schedule	Deinstell				Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	18.78

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

to benefit C/OH

EXPENDITURE CATEGORIES Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District
Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above) Fees Printing Expense The Instruction Guide explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Barrett, Daniel (Mr.) Schedule: 1/7 Report: 19/26 00002011 4 Date 5 Payee name 315 S Calhoun LTD 03/02/2011 6 Amount (\$) Payee address City; State; Zip Code 208 E Broadway \$1,100.00 Fort Worth, TX 76104 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Office Overhead/Rental Expense Rent OF EXPENDITURE 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name AtSign Inc. 03/29/2011 Pavee address City; State; Zip Code Amount (\$) 5818 Camp Bowie Blvd Fort Worth, TX 76107 \$81.19 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Printing Expense Banner EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Best Buy #234 04/04/2011 Amount (\$) Payee address City; State; Zip Code West I-H 30 \$78.43 Fort Worth, TX 76116 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Office Overhead/Rental Expense Office Supplies OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Big Bad Wolf Creative Group 03/25/2011 Amount (\$) Payee address City; State; Zip Code 1166 Country Club Ln #1 Fort Worth, TX 76112 \$243.56 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Consulting Expense Design services OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office held: Office sought: direct expenditure

Austin, Texas 78711-2070

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

	The Instruction Guide explains ho	w to complete this form.	. a satisfier, mor notice above,
1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 2/7 Ro			00002011
4 Date	5 Payee name		
02/25/2011	City of Fort Worth		
6 Amount (\$)	7 Payee address City; State; Zip Code 1000 Throckmorton		
\$100.00	Fort Worth, TX 76102		
8 BURDOSE	(a) Category (See Categories listed at the top of this schedule)		e of Texas, complete Schedule T)
PURPOSE OF	Fees	Filing fee	
EXPENDITURE			
9 Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH			
Date	Payee name		
03/08/2011	Designer Graphics		
Amount (\$)	Payee address City; State; Zip Code		
\$2,604.70	12404 Hwy 155 South		
	Tyler, TX 75703		
	Category (See Categories listed at the top of this schedule)	Description (If travel outside	e of Texas, complete Schedule T)
PURPOSE	Advertising Expense	Signs	
OF EXPENDITURE			
0	Condidate / Office holder ware	06	Off h. III
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:
to benefit C/OH		The second secon	
Date	Payee name		
04/02/2011	Domino's Pizza		
Amount (\$)	Payee address City; State; Zip Code 2801 West Berry		
\$66.23	Fort Worth, TX 76109		
PURPOSE	Category (See Categories listed at the top of this schedule)	·	of Texas, complete Schedule T)
OF	Event Expense	Food	
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH			
Date	Payee name		A
03/23/2011	Fry's Electronics		İ
Amount (\$)	Payee address City; State; Zip Code		· · · · · · · · · · · · · · · · · · ·
\$207.34	102 East I-20		
	Arlington, TX 76018		
	Category (See Categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
PURPOSE	Office Overhead/Rental Expense	Telephones	or rexas, complete Schedule r)
OF EXPENDITURE			
3			
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:
to benefit C/OH			

SCHEDULE F

Advertising Expe Accounting/Bank Consulting Expe Event Expense Fees	king Legal S nse Food/Be Polling I	vards/Memorial Expense	Salaries/Wages/Co Solicitation/Fundrais Travel In District Travel Out Of Distric Office Overhead/Re	ntract Labor sing Expense ct ental Expense	Transportation I Contributions/D Candidate/O OTHER (enter a	nt/Reimbursement Equipment & Related Expense onations Made By fficeholder/Political Committee a category not listed above)
1 PAGE # Schedule: 3/7 Re	eport: 21/26	2 FILER NAME Barrett, Daniel (Mr.)				3 ACCOUNT # (TEC filers 00002011
4 Date 03/09/2011	5 Payee name Graphics 2					
6 Amount (\$)	7 Payee addres	s City; State; Z	Zip Code			
\$429.75	507 S Main Fort Worth,			•		
PURPOSE OF EXPENDITURE	(a) Category (See	e Categories listed at the top of the ense	nis schedule)	(b) Description Brochures	(If travel outside o	of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / O	fficeholder name		Office sou	ght:	Office held:
Date	Payee name					
03/23/2011	Graphics 2					
Amount (\$) \$758.94	Payee addres 507 S Main Fort Worth,	•	Zip Code			
DUDDOCE		Categories listed at the top of th	is schedule)	Description	(If travel outside o	of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE	Printing Expe	ense		Printed mate	erials	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / O	fficeholder na m e		Office sou	ght:	Office held:
Date 03/03/2011	Payee name Parmer, Trav	vis (Mr.)				
Amount (\$)	Payee address	S City; State; Z	ip Code			······································
\$1,000.00	P.O. Box 118 Fort Worth,					
PURPOSE OF	Category (See Consulting E	Categories listed at the top of th xpense	is schedule)	Description Consulting s		f Texas, complete Schedule T)
EXPENDITURE						
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Of	ficeholder name		Office sou	ght:	Office held:
Date	Payee name					
03/11/2011	Parmer, Trav	· · · · · · · · · · · · · · · · · · ·				
Amount (\$) \$1,000.00	Payee address P.O. Box 115 Fort Worth,	517	îp Code			
PURPOSE OF EXPENDITURE	Category (See Consulting E	Categories listed at the top of thi xpense	is schedule)	Description Consultant S		f Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Of	ficeholder name		Office sou	ght:	Office held:

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

Fees	The Instruction Guide explains how		
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC file	rs)
Schedule: 4/7 Re	eport: 22/26 Barrett, Daniel (Mr.)	00002011	
4 Date	5 Payee name		
03/23/2011	Parmer, Travis (Mr.)		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$1,000.00	P.O. Box 11517		
	Fort Worth, TX 76110		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)	П
PURPOSE	Consulting Expense	Consulting fees	
OF EXPENDITURE			
9 Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:	
to benefit C/OH			
Date	Payee name		
03/09/2011	PayPal		
Amount (\$)	Payee address City; State; Zip Code		
\$1.75	P.O. Box 45950, Omaha, NE 68145		
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
PURPOSE OF	Fees	Service Fee	
EXPENDITURE			
Camplete ONLY if	Candidate / Officeholder name	Office sought: Office held:	
Complete ONLY if direct expenditure	Cardidate / Officeriolder frame	Office sought.	
to benefit C/OH			
Date	Payee name		
03/11/2011	PayPal Payee address City; State; Zip Code		
Amount (\$)	Payee address City; State; Zip Code P.O. Box 45950.		
\$3.20	Omaha, NE 68145		
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF	Fees	Service Fee	
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:	_
direct expenditure to benefit C/OH			
Date	Payee name		=
03/11/2011	PayPal		
Amount (\$)	Payee address City; State; Zip Code		
\$1.75	P.O. Box 45950,		
	Omaha, NE 68145		
	Catagony (See Catagories listed at the tag of this exhaults)	Description (If travel outside of Texas, complete Schedule T)	\dashv
PURPOSE	Category (See Categories listed at the top of this schedule) Fees	Service fee	ш
OF EXPENDITURE			
EAFERDITORE			
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:	
direct expenditure to benefit C/OH			

Complete ONLY if

direct expenditure to benefit C/OH

Candidate / Officeholder name

Austin, Texas 78711-2070

POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Advertising Expense Accounting/Banking Gifts/Awards/Memorial Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Legal Services Food/Beverage Expense Polling Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Solicitation/Fundraising Expense Travel In District Consulting Expense **Event Expense** Travel Out Of District OTHER (enter a category not listed above) Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Barrett, Daniel (Mr.) Schedule: 5/7 Report: 23/26 00002011 4 Date 5 Payee name **PayPal** 03/14/2011 6 Amount (\$) Payee address City; State; Zip Code P.O. Box 45950. \$3.20 Omaha, NE 68145 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Fees Service Fee OF **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name PayPal 03/16/2011 Amount (\$) Payee address City; State; Zip Code P.O. Box 45950, \$0.45 Omaha, NE 68145 Description Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) **PURPOSE** Fees Service fee OF EXPENDITURE Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 03/19/2011 PayPal Amount (\$) Payee address City; State; Zip Code P.O. Box 45950, \$14.80 Omaha, NE 68145 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Fees Service fees OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 03/22/2011 PayPal Payee address Amount (\$) City; State; Zip Code P.O. Box 45950, \$7.55 Omaha, NE 68145 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE Fees Service fees OF **EXPENDITURE**

Office held

Office sought

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking

Gifts/Awards/Memorial Expense Legal Services

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense

Consulting Exper Event Expense Fees	rise Food/Severage Expense Travel In District Polling Expense Travel Out Of Dist Printing Expense Office Overhead/F The Instruction Guide explains how	trict Candidat Rental Expense OTHER (en	ns/Donations Made By e/Officeholder/Political Committee tter a category not listed above)
1 PAGE#	2 FILER NAME Barrett, Daniel (Mr.)		3 ACCOUNT # (TEC filers) 00002011
Schedule: 6/7 Re	port. 24/20		333023
4 Date 03/28/2011	5 Payee name PayPal		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$14.80	P.O. Box 45950, Omaha, NE 68145		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description (If travel outsi Service Fees	ide of Texas, complete Schedule T)
EXPENDITURE			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date 03/28/2011	Payee name PayPal		
Amount (\$)	Payee address City; State; Zip Code		
\$14.80	P.O. Box 45950, Omaha, NE 68145		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outs Service Fees	side of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date 03/28/2011	Payee name PayPal		
Amount (\$)	Payee address City; State; Zip Code		
\$7.55	P.O. Box 45950, Omaha, NE 68145		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outs Service fees	side of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date 04/03/2011	Payee name PayPal		
Amount (\$)	Payee address City; State; Zip Code		
\$2.48	P.O. Box 45950, Omaha, NE 68145		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel out: Service fees	side of Texas, complete Schedule T)
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:

SCHEDULE F

Advertising Expense Accounting/Banking

Gifts/Awards/Memorial Expense Legal Services

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

	i/Rental Expense OTHER (en	te/Officeholder/Political Committee ter a category not listed above)
		3 ACCOUNT # (TEC filers)
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(a) Catagony (See Catagories listed at the top of this schedule)	(b) Description (if travel outs	side of Texas, complete Schedule T)
Advertising Expense		
Candidate / Officeholder name	Office sought:	Office held:
Garlandaro / Ginesine in the control of the control	-	
Payee name		
Tom Thumb		
Payee address City; State; Zip Code		
3100 South Hulen		
Fort Worth, TX 76109		
Category (See Categories listed at the top of this schedule)	•	side of Texas, complete Schedule T)
Event Expense	Refreshments	
·		
Candidate / Officeholder name	Office sought:	Office held:
	The Instruction Guide explains ho 2 FILER NAME Barrett, Daniel (Mr.) 5 Payee name Print Masters Studio, Inc. 7 Payee address City; State; Zip Code 4076 E. Lancaster Fort Worth, TX 76103 (a) Category (See Categories listed at the top of this schedule) Advertising Expense Candidate / Officeholder name Payee name Tom Thumb Payee address City; State; Zip Code 3100 South Hulen Fort Worth, TX 76109 Category (See Categories listed at the top of this schedule) Event Expense	The Instruction Guibe explains how to complete this form. 2 FILER NAME Barrett, Daniel (Mr.) 5 Payee name Print Masters Studio, Inc. 7 Payee address City; State; Zip Code 4076 E. Lancaster Fort Worth, TX 76103 (a) Category (See Categories listed at the top of this schedule) Advertising Expense Candidate / Officeholder name Candidate / Officeholder name Office sought: Payee name Tom Thumb Payee address City; State; Zip Code 3100 South Hulen Fort Worth, TX 76109 Category (See Categories listed at the top of this schedule) Event Expense Office sought:

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES

Event Expense Polling Expense Ira Fees Printing Expense Off		Office Overhead/R	ict ental Expense	OTHER (enter	ent/Reimbursement Equipment & Related Expense Jonations Made By officeholder/Political Committee a category not listed above)
12		•			3 ACCOUNT # (TEC filers
	Barrett, Daniel (Mr.)				00002011
5 Payee name					
7 Payee address	City; State;	Zip Code			
Fort Worth, T	X 76107		T 2		
		f this schedule)	Banner	(If travel outside	of Texas, complete Schedule T)
	see Food/Bever Polling Ex Printing Ex Prin	Food/Beverage Expense Polling Expense Printing Expense The Instruction G 2 FILER NAME Barrett, Daniel (Mr.) 5 Payee name AtSign Inc. 7 Payee address City; State; 5818 Camp Bowie Blvd Fort Worth, TX 76107	Polling Expense Printing Expense Printing Expense The Instruction Guide explains how 2 FILER NAME Barrett, Daniel (Mr.) 5 Payee name AtSign Inc. 7 Payee address City; State; Zip Code 5818 Camp Bowie Blvd Fort Worth, TX 76107 (a) Category (See Categories listed at the top of this schedule)	Food/Beverage Expense Polling Expense Printing Expense Printing Expense Printing Expense Printing Expense Printing Expense Printing Expense The Instruction Guide explains how to complete this formula in the Instruction	Printing Expense Office Overhead/Rental Expense OTHER (enter The Instruction Guide explains how to complete this form. 2 FILER NAME Barrett, Daniel (Mr.) 5 Payee name AtSign Inc. 7 Payee address City; State; Zip Code 5818 Camp Bowie Blvd Fort Worth, TX 76107 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside