CANDIDATO / OFFICE HOLDERY CAMPAIGN FINANCE REPORT ET WORTH TEV

Texas Ethics Com

FORM C/OH COVER SHEET PG 1

	<u>NURTH. TEX</u>				
The C/OH Instruction Guil	DE explains how to complete this for	rm. 1 ACCOL (Ethics 0	Commission filers)	2 PAGE # 1 of 40	-
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Mr. Daniel NICKNAME LAST Dan Barrett		MI SUFFIX	Date Received	JSE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; 3000 S. Hulen - Ste 124 #272 Fort Worth, TX 76109	CITY;	STATE; ZIP CODE	Date Hand-delivered	or Date Postmand
5 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Mr. Jeff 'nickname' Last Davis		MI 	Date Processed Date Imaged	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); 2325 Mistletoe Drive Fort Worth, TX 76109	APT / SUITE #;	CITY; STATE;	ZIP CÔĐË	10.77.2.7.17.2.2.2.2
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (817) 806-1301		EXTENSION		
8 REPORT TYPE		before election	Runoff Exceeded \$500 limit	appointment (of	ampaign treasurer ficeholder only) ach C/OH - FR)
9 PERIOD COVERED	Month Day Year 04/05/2011	THROUGH	Month Day 05/06/20	Year 11	
10 ELECTION	Month Day Year	Primary	Runoff X	General	Special
11 OFFICE	OFFICE HELD (if any)	12	OFFICE SOUGHT (if known)		
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	Direct campaign expenditures are car Candidates are required to disclose this in Name	mpaign expenditures mad Iformation only if they rece	e by others without the ca vive notification of the direc	ndidate's prior consent on the campaign expenditure	or approval. a. • •
additional pages	Address/PO Box; Apt. / Suite #; City;	State; Zip Code			
	G	O TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS 14 C/OH NAME Barrett, Daniel (Mr.) 15 ACCOUNT # (Ethics Commission fill 00002011) 16 NOTICE IN This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may be considered to the candidate of the candid	2				
This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures ma	filers)				
This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures ma					
16 NOTICE FROM POLITICAL have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures					
COMMITTEE(S) COMMITTEE TYPE					
GENERAL COMMITTEE ADDRESS					
SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
additional pages COMMITTEE CAMPAIGN TREASURER ADDRESS					
17 CONTRIBUTION 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 0.00	00				
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 19,516.78	'8				
EXPENDITURE TOTALS 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 74.38	38				
4. TOTAL POLITICAL EXPENDITURES \$ 26,828.82	32				
CONTRIBUTION BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 2,390.32	32				
OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00	10				
18 AFFIDAVIT					
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. REBECCA D. MEEK MY COMMISSION EXPIRES January 24, 2014					
Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE					
Sworn to and subscribed before me, by the said <u>Daniel</u> <u>R. Burrett</u> , this the <u>Lotth</u> day of <u>May</u> , 20 , to certify which, witness my hand and seal of office.					
Signature of officer administering oath Print name of officer administering oath Title of officer administering oath	_				

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/	24 Report: 3/40
2	FILER NAME	Barrett, Daniel (Mr.)		3 ACCOUNT # 00002011	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID#Abrams, Richard (Mr.)	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	04/11/2011	6 Contributor address; City; State; Zip Code 6145 Wedgwood Drive Fort Worth, TX 76133		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Business Ow	pation / Job title (See Instructions) ner	10 Employer (See In Self	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/12/2011	Contributor address; City; State; Zip Code 6145 Wedgwood Drive Fort Worth, TX 76133	••••	\$100.00	
	6.1.1.1			<u>L. '</u>	Texas, complete Schedule T)
	Business Ow	ation / Job title (See Instructions) ner	Employer (See In: Self	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/26/2011	Contributor address; City; State; Zip Code 2200 Pembroke Fort Worth, TX 76110		\$300.00	
				L	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor uut-of-state PAC (ID# Austry, Sharon)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/26/2011	Contributor address; City; State; Zip Code 6716 Blue Meadow Fort Worth, TX 76132		\$100.00	
				(If travel outside of	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)
	04/30/2011	Contributor address; City; State; Zip Code 3808 South Hills Circle Fort Worth, TX 76109		\$50.00 	
				(If travel outside of	Texas, complete Schedule T)
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)	

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	The Instruction	אס Guide explains how to complete this form.		1 PAGE # Schedule: 2/2	24 Report: 4/40
2	FILER NAME	Barrett, Daniel (Mr.)		3 ACCOUNT# 00002011	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID: Barrow, Wade (Mr.)	‡)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	04/11/2011	6 Contributor address; City; State; Zip Code 1824 8th Ave Fort Worth, TX 76110		\$50.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/26/2011	Contributor address; City; State; Zip Code 6300 Ridlea PI Ste 504 Fort Worth, TX 76116		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	eation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/11/2011	Contributor address; City; State; Zip Code 1810 Eight Avenue suite b Fort Worth, TX 76110		\$30.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/26/2011	Contributor address; City; State; Zip Code 1810 Eight Avenue suite b Fort Worth, TX 76110		\$30.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	•	Tokus, complete concease 1,7
	Date	Full name of contributor ut-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/27/2011	Contributor address; City; State; Zip Code 20321 Ward Pkwy Fort Worth, TX 76110		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins		Texas, complete schedule 1/
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_	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE#		
					24 Report: 5/40	
2	FILER NAME	Barrett, Daniel (Mr.)		3 ACCOUNT# 00002011	(Ethics Commission filers)	
4	Date	5 Full name of contributor ut-of-state PAC (ID# Bratka, Steven (Mr.)	!)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	04/11/2011	6 Contributor address; City; State; Zip Code 2521 Ryan Place Dr. Fort Worth, TX 76110		\$100.00	 	
				(If travel outside of	Texas, complete Schedule T)	
9	Principal occup Negotiator	ation / Job title (See Instructions)	10 Employer (See In Brotherhood of	structions) Locomotive Engin	eers & Trainmen	
	Date	Full name of contributor ut-of-state PAC (ID# Bratka, Steven (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	04/17/2011	Contributor address; City; State; Zip Code 2521 Ryan Place Dr. Fort Worth, TX 76110		\$100.00	 	
		() () () () ()		·	Texas, complete Schedule T)	
	Negotiator	ation / Job title (See Instructions)	Employer (See Ins Brotherhood of I	structions) Locomotive Engin	eers & Trainmen	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	04/18/2011	Contributor address; City; State; Zip Code 4121 Hampshire Fort Worth, TX 76103		\$500.00		
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)		
	Date	Full name of contributor ut-of-state PAC (ID# Brender, Art (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/01/2011	Contributor address; City; State; Zip Code 4121 Hampshire Fort Worth, TX 76103		\$500.00 		
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)		
	Date	Full name of contributor ut-of-state PAC (ID# Broiles, David)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/01/2011	Contributor address; City; State; Zip Code 2400 Indian Cove Fort Worth, TX 76108		\$100.00 		
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins		oned to mprote conseque if	
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	The INSTRUCTION	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/2	24 Report: 6/40
2	FILER NAME	Barrett, Daniel (Mr.)		3 ACCOUNT # 00002011	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Brunnert, Patricia (Ms.)	!)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	04/11/2011	6 Contributor address; City; State; Zip Code 6309 Bramble Fort Worth, TX 76133		\$50.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In:	structions)	
	Date	Full name of contributor □ out-of-state PAC (ID# Buchanan, Kevin (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/12/2011	Contributor address; City; State; Zip Code 1500 6th Avenue Fort Worth, TX 76110		\$100.00	
				<u> </u>	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/15/2011	Contributor address; City; State; Zip Code 1538 Country Forest Grapevine, TX 76051		\$50.00	
				•	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor uut-of-state PAC (ID# Cagle, Karin (Ms.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/12/2011	Contributor address; City; State; Zip Code 2618 5th Fort Worth, TX 76110		\$150.00	
					Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor ut-of-state PAC (ID# Carvey, Louise)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/24/2011	Contributor address; City; State; Zip Code 3601 OVerton Park Dr E Fort WOrth, TX 76109		\$250.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

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	The Instruction	N Guide explains how to complete	this form.		1 PAGE # Schedule: 5/2	24 Report: 7/40
2	FILER NAME	Barrett, Daniel (Mr.)			3 ACCOUNT # 00002011	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ o Casati, Edward	ut-of-state PAC (ID#	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	04/29/2011	6 Contributor address; City; 2709 Forest Ave Fort Worth, TX 76112	State; Zip Code		\$100.00	
					(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)		10 Employer (See In	structions)	
	Date	Full name of contributor	ut-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/12/2011	Contributor address; City; 10178 Meadowcrest Benbrook, TX 76126	State; Zip Code		\$40.00	
					(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)		Employer (See In:	structions)	
	Date	Full name of contributor	ut-of-state PAC (ID#	ŧ)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/21/2011	Contributor address; City; 10178 Meadowcrest Benbrook, TX 76126	State; Zip Code		\$50.00	 - -
	52. 1 1	E . / I b Eu (O . I b . E .)				Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)		Employer (See Ins	structions)	
	Date	Full name of contributor	ut-of-state PAC (ID#	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/26/2011	Contributor address; City; 2225 Irwin Fort Worth, TX 76110	State; Zip Code		\$25.00	
					(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)		Employer (See Ins	structions)	
	Date	Full name of contributor Ochambers, Martha (Mrs.)	ut-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/10/2011	Contributor address; City; 3112 Tanglewood Trail Fort Worth, TX 76109	State; Zip Code		\$100.00 	
					(If travel outside of	Texas, complete Schedule T)
	Principal occupa Retired	ation / Job title (See Instructions)		Employer (See Ins N/A	structions)	

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/2	24 Report: 8/40
2	FILER NAME	Barrett, Daniel (Mr.)		3 ACCOUNT # 00002011	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID# Chambers, Martha (Mrs.)	#)	7 Amount of contribution (\$)	8
	04/26/2011	6 Contributor address; City; State; Zip Code 3112 Tanglewood Trail Fort Worth, TX 76109		\$50.00	
				<u> </u>	Texas, complete Schedule T)
9	Principal occup Retired	pation / Job title (See Instructions)	10 Employer (See In: N/A	structions)	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/21/2011	Contributor address; City; State; Zip Code po box 222285 Dallas, TX 75222		\$500.00	
				<u> </u>	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)
	05/04/2011	Contributor address; City; State; Zip Code 1301 Lake Street Ste 101 Fort Worth, TX 76102		\$300.00	
					Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor	<u>: </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/12/2011	Contributor address; City; State; Zip Code 2200 Queen Fort Worth, TX 76103		\$30.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)	-
	Date	Full name of contributor ut-of-state PAC (ID# Cotten, Larry)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/28/2011	Contributor address; City; State; Zip Code 420 Throckmorton Fort Worth, TX 76102		\$500.00]
		ı		(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

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	The INSTRUCTE	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/2	24 Report: 9/40
2	FILER NAME	Barrett, Daniel (Mr.)		3 ACCOUNT# 00002011	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Cox, Sherry (Ms.)	!)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	04/11/2011	6 Contributor address; City; State; Zip Code 6432 Malvey Fort Worth, TX 76116		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/05/2011	Contributor address; City; State; Zip Code 4904 Dexter Fort Worth, TX 76107		\$50.00	
				L '	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/12/2011	Contributor address; City; State; Zip Code 1622 College Fort Worth, TX 76110		\$20.00	
				,	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable) fundraiser invitations
	04/11/2011	Contributor address; City; State; Zip Code 3021 Simondale Drive Fort Worth, TX 76109		\$380.23	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup 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)
	04/12/2011	Contributor address; City; State; Zip Code 2617 Simondale Fort Worth, TX 76109		\$200.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins		,,, Ц

The INSTRUCT	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/	24 Report: 10/40		
2 FILER NAME	Barrett, Daniel (Mr.)		3 ACCOUNT# 00002011	(Ethics Commission filers)		
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Davis, Jeff (Mr.)	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
04/26/2011	6 Contributor address; City; State; Zip Code 420 Throckmorton Ste. 640 Fort Worth, TX 76102		\$500.00	 		
				Texas, complete Schedule T)		
9 Principal occup Attorney/Bus	pation / Job title (See Instructions) iness Owner	10 Employer (See In Self	structions)			
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
04/12/2011	Contributor address; City; State; Zip Code 3812 Busseron Fort Worth, TX 76116		\$140.00	 		
			·	I Texas, complete Schedule T)		
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)			
Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
05/01/2011	Contributor address; City; State; Zip Code 3812 Busseron Fort Worth, TX 76116		\$200.00	 		
				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)		
05/06/2011	Contributor address; City; State; Zip Code 1100 Elizabeth Fort Worth, TX 76110		\$100.00	 		
			·	Texas, complete Schedule T)		
Principal occup	vation / Job title (See Instructions)	Employer (See Ins	structions)			
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
05/02/2011	Contributor address; City; State; Zip Code 8005 Gulfwind Ct Fort Worth, TX 76123		\$100.00			
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Principal occup	ation / Job title (See Instructions)	Employer (See Ins		Texas, complete Schedule T)		
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The Instructi	ION GUIDE explains how to complete this form.			1 PAGE # Schedule: 9/2	24 Report: 11/40	
2 FILER NAME	Barrett, Daniel (Mr.)			3 ACCOUNT # 00002011	(Ethics Commission filers)	
4 Date	5 Full name of contributor ut-of-state P. Effertz, Stanley (Mr.)	AC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
05/03/2011	6 Contributor address; City; State; Zip 1104 Buck Ave. Fort Worth, TX 76110	 ⊦ Code		\$50.00	 	
9 Principal occup Retired	pation / Job title (See Instructions)		10 Employer (See Ins N/A	1 '	Texas, complete Schedule T)	
Date	Full name of contributor	AC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
05/04/2011	Contributor address; City; State; Zip 115 W 2nd, ste 202 Fort Worth, TX 76102	Code		\$150.00	i 	
				(If travel outside of	Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)		Employer (See Ins	<u> </u>		
Date	Full name of contributor	AC (ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
04/14/2011	Contributor address; City; State; Zip 5502 Marigold Arlington, TX 76017	Code		\$500.00	 	
[!]				(If travel outside of	Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)		Employer (See Ins	structions)		
Date	Full name of contributor	AC (ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
04/14/2011	Contributor address; City; State; Zip 1507 Bluebonnet Trail Arlington, TX 76103	Code		\$100.00 	 	
				<u> </u>	Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)		Employer (See Ins	structions)		
Date	Full name of contributor	AC (ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
04/11/2011	Contributor address; City; State; Zip 2837 Townsend Dr. Fort Worth, TX 76110	Code		\$50.00 		
Principal occup	vation / Job title (See Instructions)		Employer (See Ins		Texas, complete Schedule T)	
Teacher	AUDIT / JOD IIIIB (386 IIIBII UCUOIIS)		FWISD	tructions)		

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2 FILER NAME	Barrett, Daniel (Mr.)		3 ACCOUNT # 00002011	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID# Fischer, J. Nile (Mr.)	<u>#</u>)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/12/2011	6 Contributor address; City; State; Zip Code 2837 Townsend Dr. Fort Worth, TX 76110	• • • • • • • • • • • • • • • • • • • •	\$40.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu Teacher	pation / Job title (See Instructions)	10 Employer (See In FWISD	structions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/11/2011	Contributor address; City; State; Zip Code 10112 Burton Hill # 148 Fort Worth, TX 76114		\$100.00	
			L.'	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Geiger, Doreen (Mrs.)	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/11/2011	Contributor address; City; State; Zip Code 6413 Chauncery Place Fort Worth, TX 76116		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/30/2011	Contributor address; City; State; Zip Code 6413 Chauncery Place Fort Worth, TX 76116		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Gerrick, Joyce)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/26/2011	Contributor address; City; State; Zip Code 4308 Sarita Fort Worth, TX 76109		\$50.00 	
			(If travel outelds of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins		i exes, complete ochequie 1)
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	OTTIEN	THAN PLEDGES OR LOAI	13		
	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 11	/24 Report: 13/40
2	FILER NAME	Barrett, Daniel (Mr.)		3 ACCOUNT# 00002011	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID# Gibbons, Jeffrey)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	04/27/2011	6 Contributor address; City; State; Zip Code 2340 Mistletoe Ave Fort Worth, TX 76110		\$50.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor ut-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/12/2011	Contributor address; City; State; Zip Code 5505 Post Ridge Fort Worth, TX 76123		\$60.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	eation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor ut-of-state PAC (ID# Hailey, Linda (Mrs.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/11/2011	Contributor address; City; State; Zip Code 2105 Hillcrest Fort Worth, TX 76107	• • • • • • • • • • • • • • • • • • • •	\$250.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor ut-of-state PAC (ID# Hall, Cristal (Ms.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/11/2011	Contributor address; City; State; Zip Code 807 May St Fort Worth, TX 76104		\$20.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/26/2011	Contributor address; City; State; Zip Code 2884 Manorwood Trail Fort Worth, TX 76109		\$500.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In		, , , 🚨

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POLITICAL CONTRIBUTIONS	
OTHER THAN PLEDGES OR LOANS	S

	OTTIEN	THAN I LEBOLO ON LOAI	10		
	The Instruction	אס Guide explains how to complete this form.		1 PAGE # Schedule: 12	/24 Report: 14/40
2	FILER NAME	Barrett, Daniel (Mr.)		3 ACCOUNT # 00002011	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Harmon, Judy (Ms.))	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	04/23/2011	6 Contributor address; City; State; Zip Code 2222 Winton Terrace Fort Worth, TX 76110		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor ☐ out-of-state PAC (ID# Hatch, Shallah)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/12/2011	Contributor address; City; State; Zip Code 3709 White Settlement Fort Worth, TX 76107		\$60.00	
					Texas, complete Schedule T)
	Principal occup	vation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/25/2011	Contributor address; City; State; Zip Code 3300 Worth Hills Fort Worth, TX 76109		\$50.00	!
				<u> </u>	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/22/2011	Contributor address; City; State; Zip Code 3624 Wedghill Way Fort Worth, TX 76133		\$75.00	
				(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/12/2011	Contributor address; City; State; Zip Code 3809 Trail Lake Fort Worth, TX 76109		\$30.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

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Tł	he Instructi	ON GUIDE explains how to complete this form.	• • • • • • • • • • • • • • • • • • • •	1 PAGE # Schedule: 13	3/24 Report: 15/40
2 FII	LER NAME	Barrett, Daniel (Mr.)		3 ACCOUNT # 00002011	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC Hughes, S.O.	C (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04	/12/2011	6 Contributor address; City; State; Zip Co 2301 Rldgmar Plz 10 Fort Worth, TX 76116	ode	\$50.00	
				(If travel outside of	Texas, complete Schedule T)
9 Pri	incipal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	· *** - ***
	Date	Full name of contributor	; (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/	/12/2011	Contributor address; City; State; Zip Co 2210 Weatherbee Fort Worth, TX 76110	ode	\$75.00	
D.:		ation (lab title (Contacts at any)	Freelesses (October	1 '	Texas, complete Schedule T)
Pri	incipai occup	eation / Job title (See Instructions)	Employer (See I	nstructions)	
	Date	Full name of contributor	(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/	/18/2011	Contributor address; City; State; Zip Co 1215 Elizabeth Blvd Fort Worth, TX 76110	ode	\$150.00	
				(If travel outside of	Texas, complete Schedule T)
Pri	ncipal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)	
	Date	Full name of contributor	(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/	/30/2011	Contributor address; City; State; Zip Co 1010 Hawthorne Fort Worth, TX 76110		\$50.00	
				(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
I	Date	Full name of contributor	(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/	/12/2011	Contributor address; City; State; Zip Co 312 Willow Ridge Fort Worth, TX 76103	ode	\$40.00	
				(If travel outside of	Texas, complete Schedule T)
Pri	ncipal occup	ation / Job title (See Instructions)	Employer (See In		,

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The Instructi	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 14	/24 Report: 16/40		
2 FILER NAME	Barrett, Daniel (Mr.)		3 ACCOUNT# 00002011	(Ethics Commission filers)		
4 Date	5 Full name of contributor	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) postage jeff davis event		
04/26/2011	6 Contributor address; City; State; Zip Code 306 W. Broadway Fort Worth, TX 76104		\$175.00			
			(If travel outside of	Texas, complete Schedule T)		
9 Principal occup Attorney/Med	pation / Job title (See Instructions) liator	10 Employer (See In Self	structions)			
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable) printing davis event		
04/30/2011	Contributor address; City; State; Zip Code 306 W. Broadway Fort Worth, TX 76104		\$151.55			
			L. '	Texas, complete Schedule T)		
Principal occup Attorney/Med	pation / Job title (See Instructions) liator	Employer (See In Self	structions)			
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
04/12/2011	Contributor address; City; State; Zip Code 4705 Cinnamon Hill Fort Worth, TX 76133		\$250.00			
			,	Texas, complete Schedule T)		
Principal occup	eation / Job title (See Instructions)	Employer (See In:	structions)			
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
04/29/2011	Contributor address; City; State; Zip Code 5016 Cockrell Ave Fort Worth, TX 76133		\$50.00 			
			(If travel outside of	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)		
04/12/2011	Contributor address; City; State; Zip Code 2837 Townsend Fort Worth, TX 76110		\$20.00 	:		
			(If travel outside of	Texas, complete Schedule T)		
Principal occup	ation / Job title (See Instructions)	Employer (See Ins				

The Instruction	ON GUIDE explains how to complete this form.	1 PAGE # Schedule: 15	6/24 Report: 17/40			
2 FILER NAME	Barrett, Daniel (Mr.)		3 ACCOUNT# 00002011	(Ethics Commission filers)		
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID: Lovett, Karen (Ms.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
04/12/2011	6 Contributor address; City; State; Zip Code 2837 Townsend Fort Worth, TX 76110		\$60.00	 		
			1 -	Texas, complete Schedule T)		
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See In	structions)			
Date	Full name of contributor ☐ out-of-state PAC (ID# Lovett, Karen (Ms.)	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
04/12/2011	Contributor address; City; State; Zip Code 2837 Townsend Fort Worth, TX 76110		\$50.00	 		
i			(If travel outside of	Texas, complete Schedule T)		
Principal occup	pation / Job title (See Instructions)	Employer (See In				
, ,		, , ,				
Date	Full name of contributor	<u>#</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
04/12/2011	Contributor address; City; State; Zip Code 3017 Willing Fort Worth, TX 76110		\$30.00	 		
			(If travel outside of	Texas, complete Schedule T)		
Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)			
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	ivalishan, Edition (ivii.)		, .			
04/16/2011	Contributor address; City; State; Zip Code 4116 Trail Lake Dr. Fort Worth, TX 76109		\$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	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
04/11/2011	Contributor address; City; State; Zip Code 1701 River Run Ste 1118		\$500.00			
	Fort Worth, TX 76107		(15.4	· -		
Principal coore	ation / Job title (See Instructions)	Employer (See In-		Texas, complete Schedule T)		
Attorney	auvii i soo uua (saa ilisuukukiis)	Employer (See Ins Self	su acuons)			

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 16	i/24 Report: 18/40		
2	FILER NAME	Barrett, Daniel (Mr.)		3 ACCOUNT# 00002011	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID≠ McCarthy, Francis (Mr.)	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
,	05/06/2011	6 Contributor address; City; State; Zip Code 1208 W. Magnolia Ste 212 Fort Worth, TX 76110		\$100.00	 		
				1. `	Texas, complete Schedule T)		
	Principal occup Business Ow	pation / Job title (See Instructions) ner	10 Employer (See In Self	structions)			
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
(04/12/2011	Contributor address; City; State; Zip Code 207 S Main Fort Worth, TX 76104		\$10.00	 		
	District				Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
C	04/26/2011	Contributor address; City; State; Zip Code 2312 IRwin Fort Worth, TX 76110		\$100.00			
	5				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)		
C)4/12/2011	Contributor address; City; State; Zip Code 2521 Ryan Fort Worth, TX 76110		\$40.00	 		
				•	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)			
	Date	Full name of contributor uut-of-state PAC (ID# Means, Randell (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)		
0	04/11/2011	Contributor address; City; State; Zip Code 1941 Berkeley PI Fort Worth, TX 76110		\$500.00 			
	Delegation at	All I Lb Kills (One book at			Fexas, complete Schedule T)		
1	-ппсіраі оссира	ation / Job title (See Instructions)	Employer (See Ins	structions)			

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	OTHER THAN PLEDGES OR LOANS					
	The Instruction	אס Guide explains how to complete this form.		1 PAGE # Schedule: 17	/24 Report: 19/40	
2	FILER NAME	Barrett, Daniel (Mr.)		3 ACCOUNT# 00002011	(Ethics Commission filers)	
4	Date	5 Full name of contributor □ out-of-state PAC (ID# Means, Randell (Mr.)	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	05/06/2011	6 Contributor address; City; State; Zip Code 1941 Berkeley Pl Fort Worth, TX 76110		\$500.00		
				(If travel outside of	Texas, complete Schedule T)	
9	Principal occup	eation / Job title (See Instructions)	10 Employer (See In	structions)		
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	04/05/2011	Contributor address; City; State; Zip Code 5201 Partridge Fort Worth, TX 76132-2025		\$100.00		
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup Legal Assista	ation / Job title (See Instructions) nt	Employer (See In: Kenneth McAlis			
	Date	Full name of contributor ut-of-state PAC (ID# Nichols, Gary (Mr.)	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	04/11/2011	Contributor address; City; State; Zip Code 1701 RIver Run suite 1118 Fort Worth, TX 76107		\$200.00		
	Principal occup	ation / Job title (See Instructions)	Employer (See In:		Texas, complete Schedule T)	
	- Thiopar occup	audit / 300 title (366 matractions)	Employer (See Ins	structions)		
	Date	Full name of contributor uut-of-state PAC (ID# Nutt, Carl (Mr.)	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	04/12/2011	Contributor address; City; State; Zip Code 1353 Fieldstone Bedford, TX 76022		\$20.00		
				•	Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
	Date	Full name of contributor uut-of-state PAC (ID# Parmer, Elizabeth (Ms.))	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/06/2011	Contributor address; City; State; Zip Code 307 W. 7th Street Ste 1225 Fort Worth, TX 76102		\$500.00 		
				(If travel outside of	Texas, complete Schedule T)	
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins Self	structions)	1 12	

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The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 18	/24 Report: 20/40			
2 FILER NAME	Barrett, Daniel (Mr.)		3 ACCOUNT# 00002011	(Ethics Commission filers)			
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Parmer, Hugh (Mr.)	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)			
04/20/2011	6 Contributor address; City; State; Zip Code PO Box 11890 Fort Worth, TX 76110		\$1,200.00	 			
			(If travel outside of	Texas, complete Schedule T)			
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In:	structions)				
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)			
05/03/2011	Contributor address; City; State; Zip Code PO Box 11890 Fort Worth, TX 76110		\$1,000.00	 			
Discipal			1	Texas, complete Schedule T)			
Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)				
Date	Full name of contributor	<u>: </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)			
04/29/2011	Contributor address; City; State; Zip Code 4200 S Hulen 415 Fort Worth, TX 76109		\$100.00	_			
5				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)			
04/14/2011	Contributor address; City; State; Zip Code 4601 Branchview Ct Arlington, TX 76017		\$500.00 				
			`	Texas, complete Schedule T)			
Principal occup Business Owi	ation / Job title (See Instructions) ner	Employer (See Ins Self	structions)				
Date	Full name of contributor ut-of-state PAC (ID# Pham, Lu (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)			
04/11/2011	Contributor address; City; State; Zip Code 4117 Ranier Ct Fort Worth, TX 76109		\$500.00 				
			<u> </u>	Texas, complete Schedule T)			
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)				

	OTHER	THAN FLEDGES OR LOAI	13		
	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 19	/24 Report: 21/40
2	FILER NAME	Barrett, Daniel (Mr.)		3 ACCOUNT # 00002011	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Phillips, Gregory (Dr.))	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	04/11/2011	6 Contributor address; City; State; Zip Code 1050 5th Suite j Fort Worth, TX 76104		\$200.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/15/2011	Contributor address; City; State; Zip Code 301 W. Abram Arlington, TX 76010		\$250.00	
				<u> </u>	Texas, complete Schedule T)
	Principal occup Business Ow	ation / Job title (See Instructions) ner	Employer (See In: Self	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/09/2011	Contributor address; City; State; Zip Code 3200 St Juliet Apt 2227 Fort Worth, TX 76107		\$25.00	
				L	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor ut-of-state PAC (ID# Recer, Paul (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/12/2011	Contributor address; City; State; Zip Code 3912 Menzer Rd Fort Worth, TX 76103		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)			Employer (See Ins	structions)	
	Date	Full name of contributor ut-of-state PAC (ID# Richey, Eileen)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/27/2011	Contributor address; City; State; Zip Code 2304 Edwin Fort Worth, TX 76110		\$100.00 	
				(If travel outside of	Texas, complete Schedule T)
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins		

	OTHER	THAN PLEDGES	OR LOAI	1 3		
	The Instruction	N GUIDE explains how to complete t	his form.		1 PAGE # Schedule: 20	n/24 Report: 22/40
2	FILER NAME	Barrett, Daniel (Mr.)			3 ACCOUNT# 00002011	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ ou Richey, Thomas	it-of-state PAC (ID#	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	04/26/2011	6 Contributor address; City; 2304 Edwin Fort Worth, TX 76110	State; Zip Code		\$100.00	
					(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)		10 Employer (See In	structions)	
	Date	Full name of contributor	it-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/11/2011	Contributor address; City; 3109 Lubbock Fort Worth, TX 76109	State; Zip Code		\$25.00	I
·					<u> </u>	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)		Employer (See In	structions)	
	Date	Full name of contributor	it-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/25/2011	Contributor address; City; 4424 Dunwick Fort WOrth, TX 76109	State; Zip Code		\$200.00	
					(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)		Employer (See In	structions)	
	Date	Full name of contributor	it-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/12/2011	Contributor address; City; 3028 Willing Fort Worth, TX 76110	State; Zip Code		\$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	ut-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/11/2011	Contributor address; City; 2340 Mistletoe Ave Fort Worth, TX 76110	State; Zip Code		\$100.00	1
					(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)		Employer (See In:	· ·	<u> </u>

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	The Instruction	N Guide explains how to complete this form.		1 PAGE # Schedule: 21	/24 Report: 23/40
2	FILER NAME	Barrett, Daniel (Mr.)		3 ACCOUNT# 00002011	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Shawn M. Cowden Construction, LLC	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	04/12/2011	6 Contributor address; City; State; Zip Code 5016 Cockrell Ave Fort Worth, TX 76133		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	•)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/26/2011	Contributor address; City; State; Zip Code 5016 Cockrell Ave Fort Worth, TX 76133		\$50.00	
				<u> </u>	Texas, complete Schedule T)
	Principal occup	eation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/11/2011	Contributor address; City; State; Zip Code 5929 Blanchard Fort Worth, TX 76131		\$50.00	
	•			(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/11/2011	Contributor address; City; State; Zip Code 4200 W Vickery Fort Worth, TX 76107		\$250.00	
				(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)			Employer (See Ins	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/28/2011	Contributor address; City; State; Zip Code 5072 Lyndon Fort Worth, TX 76116		\$25.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	•	, ,

	OTHER THAN PLEDGES OR LOANS						
	The Instruction	ON GUIDE explains how to complete this form.	****	1 PAGE # Schedule: 22	/24 Report: 24/40		
2	FILER NAME	Barrett, Daniel (Mr.)		3 ACCOUNT# 00002011	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Texas State Council Of Machinists and Aerospace		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	05/03/2011	6 Contributor address; City; State; Zip Code 555 N Grants Lane Fort Worth, TX 76116		\$100.00	! ! !		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup	eation / Job title (See Instructions)	10 Employer (See In	structions)			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	04/11/2011	Contributor address; City; State; Zip Code 2214 Fairmount Fort Worth, TX 76110		\$100.00	 		
				<u> </u>	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)			
	Date	Full name of contributor ut-of-state PAC (ID# Thompson, Dave (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	04/20/2011	Contributor address; City; State; Zip Code 408 Rose Drive Allen, TX 75002		\$50.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)			
	Date	Full name of contributor ut-of-state PAC (ID# Tucker, Rick (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	04/11/2011	Contributor address; City; State; Zip Code 2517 Ryan Ave Fort Worth, TX 76110		\$25.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	04/07/2011	Contributor address; City; State; Zip Code 1614 College Ave Fort Worth, TX 76104		\$100.00			
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins		,		

OTTER THAIT LEDGES OR LOANS						
The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 23	3/24 Report: 25/40		
2 FILER NAME	Barrett, Daniel (Mr.)		3 ACCOUNT# 00002011	(Ethics Commission filers)		
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID≴ Wagner, Paul (Mr.)	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
04/12/2011	6 Contributor address; City; State; Zip Code 2001 College Fort Worth, TX 76110		\$40.00	 		
			(If travel outside of	Texas, complete Schedule T)		
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)			
Date	Full name of contributor ☐ out-of-state PAC (ID# Wagner, Paul (Mr.)	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
05/02/2011	Contributor address; City; State; Zip Code 2001 College Fort Worth, TX 76110		\$50.00] [
			•	Texas, complete Schedule T)		
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)			
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
05/06/2011	Contributor address; City; State; Zip Code 6328 Halifax Fort Worth, TX 76116		\$500.00	 		
			(If travel outside of	Texas, complete Schedule T)		
Principal occup	vation / Job title (See Instructions)	Employer (See Ins	structions)			
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
04/16/2011	Contributor address; City; State; Zip Code 6487 Kirkwood Fort Worth, TX 76116		\$25.00			
			(If travel outside of	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)		
04/18/2011	Contributor address; City; State; Zip Code 1619 jPennsylvania Fort Worth, TX 76104		\$500.00 			
			(If travel outside of	Texas, complete Schedule T)		
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)			

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 24	l/24 Report: 26/40		
2 FILER NAME	Barrett, Daniel (Mr.)		3 ACCOUNT # 00002011	(Ethics Commission filers)		
4 Date	5 Full name of contributor ut-of-state PAC (ID) West, Robert	<u>#</u>)	7 Amount of contribution (\$)	8		
05/02/2011	6 Contributor address; City; State; Zip Code 7012 Allen Place Fort Worth, TX 76116		\$250.00	 		
			(If travel outside of	Texas, complete Schedule T)		
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)			
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
04/28/2011	Contributor address; City; State; Zip Code 1300 S University Dr Ste. 600 Fort Worth, TX 76107	• • • • • • • • • • • • • • • • • • • •	\$100.00	 		
0:-:-				Texas, complete Schedule T)		
Business Ow	pation / Job title (See Instructions) ner	Employer (See In: Self	structions)			
Date	Full name of contributor □ out-of-state PAC (ID# Young, George Parker	<u>; </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
04/19/2011	Contributor address; City; State; Zip Code 6901 Ridgewood Fort Worth, TX 76132		\$150.00	 		
			(If travel outside of	Texas, complete Schedule T)		
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)			

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

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

The Instruction Guide explains how to complete this form.						
1 PAGE#				3 ACCOUNT # (TEC filers)		
Schedule: 1/14 f	Report: 27/40	Barrett, Daniel (Mr.)		00002011		
4 Date	5 Payee name	LTD				
04/21/2011	315 S Calho					
6 Amount (\$)	7 Payee addres					
\$208.90	208 E Broad Fort Worth,	way TX 76104				
	,					
8	(a) Category (See	e Categories listed at the top of this schedule)	(b) Description	(If travel outside of Texas, complete Schedule T)		
PURPOSE OF	Office Overh	ead/Rental Expense	office rent			
EXPENDITURE						
9 Complete ONLY if	Candidate / O	fficeholder name	Office sou	aht: Office held:		
direct expenditure	Candidate / O	incerioider name	Office sout	gnt. Office neta.		
to benefit C/OH						
Date	Payee name					
04/21/2011	At&T	011 011 71 01				
Amount (\$)	Payee addres	s City; State; Zip Code				
\$348.57	po box 5001 Carol Strean	n. IL 60197				
		•				
	Category (See	e Categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)		
PURPOSE OF	Office Overh	ead/Rental Expense	telephone ex			
EXPENDITURE						
	0	65 - L - 14	055	0.5		
Complete ONLY if direct expenditure	Candidate / O	fficeholder name	Office soug	pht: Office held:		
to benefit C/OH						
Date	Payee name					
04/06/2011	<u> </u>	f Creative Group				
Amount (\$)	Payee address	• • • • •				
\$243.56	1166 Countr Fort Worth,	y Club Ln #1 TX 76112				
i	, , , , , , , , , , , , , , , , , , , ,	.,				
	Category (See	Categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)		
PURPOSE OF	Advertising E	Expense	Creative fees			
EXPENDITURE						
	0	re al alda		Ors. 1 11		
Complete ONLY if direct expenditure	Candidate / Of	fficeholder name	Office soug	ht: Office held:		
to benefit C/OH						
Date	Payee name					
04/11/2011	Billingsley, A			· · · · · · · · · · · · · · · · · · ·		
Amount (\$)	Payee address	• • • •				
\$500.00	5225 Collinw Fort Worth,	ood ave TX 76107				
·	Category (See	Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
PURPOSE OF	Salaries/Wag	ges/Contract Labor	Campaign wo			
EXPENDITURE						
Complete ONLY	Candidate / Of	finahaldar nama	0#	bt. 055		
Complete ONLY if direct expenditure	Candidate / Of	ficeholder name	Office soug	ht: Office held:		
to benefit C/OH						

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

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

EXPENDITURE CATEGORIES

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

Fees	The Instruction Guide explains ho		a category not listed above;
1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 2/14 F	Report: 28/40 Barrett, Daniel (Mr.)		00002011
4 Date	5 Payee name		
04/19/2011	Billingsley, Andrew (Mr.)		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$500.00	5225 Collinwood Ave Fort Worth, TX 76107		
	Tole Worth, 12 70107		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside	of Texas, complete Schedule T)
PURPOSE	Salaries/Wages/Contract Labor	campaign work	, , ,
OF EXPENDITURE			
9 Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:
to benefit C/OH			
Date	Payee name		
04/22/2011	Chadra		
Amount (\$)	Payee address City; State; Zip Code		
\$116.91	1622 Park Place Fort Worth, TX 76110		
	Total and Talling		
	Category (See Categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
PURPOSE	Event Expense	rahr event	
OF EXPENDITURE			
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:
to benefit C/OH			
Date	Payee name		
04/05/2011	Graphics 2		
Amount (\$)	Payee address City; State; Zip Code		
\$1,861.01	507 S Main Fort Worth, TX 76104		
	1 312 170101		
	Category (See Categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
PURPOSE OF	Advertising Expense	Mail piece	
EXPENDITURE			
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:
to benefit C/OH			
Date	Payee name		
04/14/2011	Graphics 2		
Amount (\$)	Payee address City; State; Zip Code		
\$408.10	507 S Main Fort Worth, TX 76104		ļ
	Tott Holdi, 17/10/104		
	Category (See Categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
PURPOSE	Advertising Expense	remittance env	
OF EXPENDITURE			
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:
to benefit C/OH			

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

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

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

The Instruction Guide explains how to complete this form.					
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)			
Schedule: 3/14 F	Report: 29/40 Barrett, Daniel (Mr.)	00002011			
4 Date	5 Payee name				
04/18/2011	Graphics 2				
6 Amount (\$)	7 Payee address City; State; Zip Code				
\$974.25	507 S Main				
	Fort Worth, TX 76104				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)			
OF	Printing Expense	Brochures and envelopes			
EXPENDITURE					
9 Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:			
direct expenditure	Candidate / Officeriolder flame	Office sought. Office field.			
to benefit C/OH					
Date	Payee name				
04/18/2011	Graphics 2				
Amount (\$)	Payee address City; State; Zip Code				
\$566.15	507 S Main				
	Fort Worth, TX 76104				
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
OF	Advertising Expense	brochures			
EXPENDITURE					
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:			
direct expenditure	Candidate / Officeriolder flame	Office sought. Office field.			
to benefit C/OH					
Date	Payee name				
04/25/2011	Graphics 2				
Amount (\$)	Payee address City; State; Zip Code				
\$2,677.96	507 S Main				
	Fort Worth, TX 76104				
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
OF	Advertising Expense	postcard			
EXPENDITURE					
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:			
direct expenditure to benefit C/OH					
·-·					
Date	Payee name				
04/27/2011	Graphics 2				
Amount (\$)	Payee address City; State; Zip Code				
\$4,161.66	507 S Main Fort Worth, TX 76104				
	Tole Holdi, IA rolog				
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
PURPOSE	Advertising Expense	Description (If travel outside of Texas, complete Schedule T)			
OF EXPENDITURE		550t man			
LAFERDITURE					
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:			
direct expenditure to benefit C/OH					
1		ı			

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

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

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Fees	Printing Expense Office Overhead/ The Instruction Guide explains how	Rental Expense OTHER (ent	er a category not listed above)
1 PAGE#	2 FILER NAME	·	3 ACCOUNT # (TEC filers)
Schedule: 4/14 F	- Daniel Daniel (MA)		00002011
4 Date	5 Payee name		
05/02/2011	Grow Advertising		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$4,500.00	9521B iverside Tusla, OK 74137		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside	le of Texas, complete Schedule T)
PURPOSE OF	Advertising Expense	television	
EXPENDITURE			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date 05/03/2011	Payee name Home Depot		
Amount (\$)	Payee address City; State; Zip Code		
\$238.39	4850 SW Loop 820 Fort Worth, TX 76109		
PURPOSE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside t posts	e of Texas, complete Schedule T)
OF EXPENDITURE	Advertising Expense	1 505.0	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
05/05/2011	Lynch, Sean		
Amount (\$)	Payee address City; State; Zip Code		
\$100.00	1501 College Fort Worth, TX 76104		
PURPOSE OF	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outsid	e of Texas, complete Schedule T)
EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name	· · · · · · · · · · · · · · · · · · ·	
05/05/2011	Lynch, Sean		
Amount (\$)	Payee address City; State; Zip Code		
\$88.60	1501 College Fort Worth, TX 76104		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	Description (If travel outsid fuel	e of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense

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

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

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

Travel Out Of District
Office Overhead/Rental Expense Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Event Expense Polling Expense Printing Expense The Instruction Guide explains how to complete this form. 2 FILER NAME 1 PAGE # 3 ACCOUNT # (TEC filers) Barrett, Daniel (Mr.) Schedule: 5/14 Report: 31/40 00002011 5 Payee name 4 Date Master Webs 04/26/2011 Amount (\$) Payee address City; State; Zip Code po Box 2652 \$512.40 Lufkin, TX 75902 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 (If travel outside of Texas, complete Schedule T) PURPOSE Advertising Expense Website **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Mortenson Broadcasting 04/27/2011 Amount (\$) Pavee address City; State; Zip Code 5787 S Hampton Rd Suite 285 \$2,100.00 Dallas, TX 75232 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Advertising Expense radio spots OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Parmer, Travis (Mr.) 04/05/2011 Payee address City; State; Amount (\$) Zip Code \$1,000.00 P.O. Box 11517 Fort Worth, TX 76110 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Consulting Expense Consultant's fees OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Parmer, Travis (Mr.) 04/12/2011 Amount (\$) Payee address City; State; Zip Code P.O. Box 11517 \$1,000.00 Fort Worth, TX 76110 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Consulting Expense Consulting fees OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

EXPENDITURE CATEGORIES 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

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

Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 1 PAGE # 3 ACCOUNT # (TEC filers) FILER NAME Barrett, Daniel (Mr.) Schedule: 6/14 Report: 32/40 00002011 4 Date 5 Payee name 04/19/2011 Parmer, Travis (Mr.) 6 Amount (\$) Payee address City; State; Zip Code P.O. Box 11517 \$1,000.00 Fort Worth, TX 76110 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) 8 **PURPOSE** Consulting Expense consultant fees OF EXPENDITURE 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 04/28/2011 Parmer, Travis (Mr.) Amount (\$) Payee address City; State; Zip Code P.O. Box 11517 \$1,000.00 Fort Worth, TX 76110 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Consulting Expense fees OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Payee name Date 04/11/2011 PayPal Payee address Amount (\$) City; State; Zip Code P.O. Box 45950, \$1.75 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 fee OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Payee name Date 04/11/2011 PavPal Amount (\$) Payee address City; State; Zip Code P.O. Box 45950. \$3.20 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 fee OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

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EXPENDITURE CATEGORIES

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense **Event Expense**

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 how to complete this form. 1 PAGE # 3 ACCOUNT # (TEC filers) 2 FILER NAME Barrett, Daniel (Mr.) Schedule: 7/14 Report: 33/40 00002011 4 Date 5 Payee name 04/14/2011 PayPal Amount (\$) Payee address City; State; Zip Code P.O. Box 45950. \$1.03 Omaha, NE 68145 (If travel outside of Texas, complete Schedule T) 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** service fee OF **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 04/15/2011 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 fee OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 04/15/2011 PavPal Amount (\$) Payee address City; State; Zip Code P.O. Box 45950. \$1.75 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 fee OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Payee name Date 04/20/2011 PayPal Amount (\$) Payee address City; State; Zip Code P.O. Box 45950, \$1.75 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 fee OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

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)

Printing Expense The Instruction Guide explains how to complete this form. 1 PAGE# FILER NAME 3 ACCOUNT # (TEC filers) Barrett, Daniel (Mr.) Schedule: 8/14 Report: 34/40 00002011 5 Payee name 4 Date PayPal 04/20/2011 6 Amount (\$) Pavee address City; State; Zip Code P.O. Box 45950, \$35.10 Omaha, NE 68145 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 (If travel outside of Texas, complete Schedule T) **PURPOSE** Fees service fee OF EXPENDITURE Office sought: 9 Complete ONLY if Candidate / Officeholder name Office held: direct expenditure to benefit C/OH Date Payee name PayPal 04/21/2011 Pavee address Amount (\$) 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** Fees fee OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name PayPal 04/22/2011 Amount (\$) Payee address City; State; Zip Code P.O. Box 45950, \$2.48 Omaha, NE 68145 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Fees fees OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name PayPal 04/25/2011 Amount (\$) Payee address City; State: Zip Code P.O. Box 45950 \$1.75 Omaha, NE 68145 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Fees fees OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought Office held: direct expenditure to benefit C/OH

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

EXPENDITURE CATEGORIES 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

		The Instruction Guide explains ho	w to complete this form	1.	
1 PAGE#		2 FILER NAME		3 ACCOUNT # (TEC file	rs)
Schedule: 9/14 F	Report: 35/40	Barrett, Daniel (Mr.)		00002011	
4 Date 04/26/2011	5 Payee name PayPal				
6 Amount (\$)	7 Payee address	City; State; Zip Code			
\$14.80	P.O. Box 459 Omaha, NE				
8 PURPOSE OF EXPENDITURE	(a) Category (See Fees	Categories listed at the top of this schedule)	(b) Description (If fees	f travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Of	ficeholder name	Office sough	t: Office held:	
Date 04/27/2011	Payee name PayPal				
Amount (\$) \$3.20	Payee address P.O. Box 459 Omaha, NE	50,			
PURPOSE OF EXPENDITURE	Category (See Fees	Categories listed at the top of this schedule)	Description (If fees	travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Of	iceholder name	Office sough	t: Office held:	
Date 04/27/2011	Payee name PayPal				
Amount (\$)	Payee address	City; State; Zip Code			
\$1.75	P.O. Box 459 Omaha, NE				
PURPOSE OF EXPENDITURE	Category (See Fees	Categories listed at the top of this schedule)	Description (If fees	travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Off	iceholder name	Office sough	t: Office held:	
Date	Payee name				
04/28/2011	PayPal			7- MX	
Amount (\$)	Payee address	City; State; Zip Code			
\$1.03	P.O. Box 459 Omaha, NE 6	50, 38145			
PURPOSE OF EXPENDITURE	Category (See Fees	Categories listed at the top of this schedule)	Description (If fees	travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure	Candidate / Off	ceholder name	Office sought	: Office held:	\exists

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

EXPENDITURE CATEGORIES 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

PURPOSE COMPANDITURE Pees Ges Ges Ges Ges Ges Ges Ge	1 003	The Instruction Guide explains how	•	r a dategory flot floted above,
Schedule: 10f1A Report 36/40 Barrett, Daniel (Mr.) 00002011	1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)
6 Anount (5) 5 Anount (7) 7 Payee address City: State: Zip Code P.O. Box 45950, Omaha, NE 68145		Report: 36/40 Barrett, Daniel (Mr.)		00002011
Sazon	4 Date	5 Payee name		· • · · · · · · · · · · · · · · · · · ·
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PURPOSE EXPENDITURE Candidate / Officeholder name Office sought: Office held:	6 Amount (\$)	7 Payee address City; State; Zip Code		
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PURPOSE COMPILE ONLY If Condidate / Officeholder name Office sought: Office held: Office sought: Officeholder name Office sought: Officeholder of Texas, complete Schedule T) Date OFFICER				
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9 Camplete ONLY if Candidate / Officeholder name Office sought: Office held:		Fees	tees	
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Amount (\$)	Date			
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direct expenditure to benefit C/OH Date	EXPENDITURE			
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Complete ONLY if direct expenditure to benefit C/OH Date				
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direct expenditure to benefit C/OH Date				
Date		Candidate / Officeholder name	Office sought:	Office held:
O5/02/2011 PayPal Amount (\$) Payee address City; State; Zip Code \$1.75 P.O. Box 45950, Omaha, NE 68145 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure Candidate / Officeholder name Office sought: Office held:				
O5/02/2011 PayPal Amount (\$) Payee address City; State; Zip Code \$1.75 P.O. Box 45950, Omaha, NE 68145 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure Candidate / Officeholder name Office sought: Office held:	Date	Payee name		
Amount (\$) \$1.75 Payee address City; State; Zip Code P.O. Box 45950, Omaha, NE 68145 PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Fees Category (See Categories listed at the top of this schedule) Fees Office sought: Office held:		•		
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PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure	, , -	Omaha, NE 68145		
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure			_	
OF EXPENDITURE Complete ONLY if direct expenditure direct expenditure	DIIDDUSE		· ' '	of Texas, complete Schedule T)
Complete ONLY if direct expenditure direct expenditure		Fees	tees	
direct expenditure	EXPENDITURE			
direct expenditure	Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
TO DODOTIL // LIB. II		California Company Company	Sindy Bought.	Omoo nord.

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

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

		The Instruction Guide explains ho	w to complete this form.	
1 PAGE #		FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 11/14	Report: 37/40	Barrett, Daniel (Mr.)		00002011
4 Date	5 Payee name			
05/03/2011	PayPal			
6 Amount (\$)	7 Payee addres	s City; State; Zip Code		
\$29.30	P.O. Box 45			
·	Omaha, NE	68145		
8 PURPOSE		e Categories listed at the top of this schedule)	1''. '	vel outside of Texas, complete Schedule T)
OF	Fees		fees	
EXPENDITURE				
	0. 54.4.70	rr	055	Office held.
9 Complete ONLY if direct expenditure	Candidate / O	fficeholder name	Office sought:	Office held:
to benefit C/OH				
Date	Payee name			
05/04/2011	PayPal			
Amount (\$)	Payee addres	s City; State; Zip Code		
\$9.00	P.O. Box 45	950.		
Ψ5.00	Omaha, NE			
	Category (See	e Categories listed at the top of this schedule)	Description (If trav	vel outside of Texas, complete Schedule T)
PURPOSE OF	Fees		fees	
EXPENDITURE				
Complete ONLY if direct expenditure	Candidate / O	fficeholder name	Office sought:	Office held:
to benefit C/OH				
Date	Payee name			
05/06/2011	PayPal			
Amount (\$)	Payee addres	s City; State; Zip Code		
\$14.80	l _i			
Ψ14.00	Omaha, NE			
	Category (See	e Categories listed at the top of this schedule)	Description (If trav	vel outside of Texas, complete Schedule T)
PURPOSE	Fees		fees	
OF EXPENDITURE				
Complete ONLY if direct expenditure	Candidate / O	fficeholder name	Office sought:	Office held:
to benefit C/OH				
Date	Payee name			
04/06/2011		Brewing Company		
Amount (\$)	Payee addres			
\$300.00	-			
φ300.00	Fort Worth,			
<u>.</u>	Category (See	e Categories listed at the top of this schedule)	Description (If trav	vel outside of Texas, complete Schedule T)
PURPOSE	Event Expen	se	Deposit for facility	·
OF EXPENDITURE				
Complete ONLY if	Candidate / O	fficeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH				

EXPENDITURE CATEGORIES

POLITICAL EXPENDITURES

SCHEDULE F

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

Fees	The Instruction Guide explains ho	·	er a category not listed above)
1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 12/14	Deviat (Max)		00002011
4 Date	5 Payee name		
04/14/2011	Rahr & Sons Brewing Company		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$225.00			
	Fort Worth, TX 76104		
8	(a) Category (See Categories listed at the top of this schedule)	1 7 7	le of Texas, complete Schedule T)
PURPOSE OF	Event Expense	Refreshments	
EXPENDITURE			
9 Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure	Candidate / Chiceriolder hame	Onico sought.	Sillos fisia.
to benefit C/OH			
Date	Payee name		
04/11/2011	Staples		
Amount (\$)	Payee address City; State; Zip Code		
\$26.51	1600 S. University Fort Worth, TX 76107		
	Fort Worth, 12 70107		
	Category (See Categories listed at the top of this schedule)	Description (If travel outside	le of Texas, complete Schedule T)
PURPOSE	Event Expense	labels for invites	le of Texas, complete Schedule 1)
OF EXPENDITURE	Event Expense	labele for invited	
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH			
Date	Payee name		
04/14/2011	Staples		
Amount (\$)	Payee address City; State; Zip Code		
\$109.80	l		
\$109.00	Fort Worth, TX 76107		
	Category (See Categories listed at the top of this schedule)	Description (If travel outside	e of Texas, complete Schedule T)
PURPOSE OF	Printing Expense	ink and paper	
EXPENDITURE			
	0 1111 /075 111		055
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:
to benefit C/OH			
Date	Payee name		
04/16/2011	Staples		
Amount (\$)	Payee address City; State; Zip Code		
\$50.66	1600 S. University		
	Fort Worth, TX 76107		
	Cotogony (See Cotogonica Broad at the condition of the	Donorintian (164	o of Toyon, correlate Calculation
PURPOSE	Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outsid Labels for invitations	e of Texas, complete Schedule T)
OF	Liter Expense	Labels for invitations	
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH		-	

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

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

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

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Fees	Printing Expense Office Overhead/ The Instruction Guide explains how	Rental Expense OTHER (ent	er a category not listed above)
1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 13/14	Description of the Control of the Co		00002011
4 Date	5 Payee name		
04/18/2011	Staples		
6 Amount (\$)	7 Payee address City, State; Zip Code		
\$127.19	1, , ,		
1 4121.10	Fort Worth, TX 76107		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside	de of Texas, complete Schedule T)
PURPOSE OF	Printing Expense	printing supplies	
EXPENDITURE			
9 Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:
to benefit C/OH			
Date	Payee name		
04/26/2011	Staples		
Amount (\$)	Payee address City; State; Zip Code		
\$43.82	1600 S. University		
Ψ 10.02	Fort Worth, TX 76107		
	Category (See Categories listed at the top of this schedule)	Description (If travel outside	le of Texas, complete Schedule T)
PURPOSE OF	Printing Expense	printing supplies	_
EXPENDITURE			
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:
to benefit C/OH			
Date	Payee name		
04/26/2011	Staples		
Amount (\$)	Payee address City; State; Zip Code		
\$86.59	1600 S. University		
¥23.22	Fort Worth, TX 76107		
DUDDOOF	Category (See Categories listed at the top of this schedule)	Description (If travel outside	e of Texas, complete Schedule T)
PURPOSE OF	Advertising Expense	ink	
EXPENDITURE			
	0		
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:
to benefit C/OH			
Date	Payee name		
05/05/2011	T VIdeo Production		
Amount (\$)	Payee address City; State; Zip Code		
\$880.00	2805 Forest Park		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Fort Worth, TX 76110		ľ
DUBBOOK	Category (See Categories listed at the top of this schedule)		e of Texas, complete Schedule T)
PURPOSE OF	Advertising Expense	ad production	
EXPENDITURE			
	0 114 (05 44)		
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:
to benefit C/OH			

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

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

rees	The Instruction Guide explains ho		er a category not listed above)
1 PAGE#	2 FILER NAME	The second secon	3 ACCOUNT # (TEC filers)
Schedule: 14/14	1		00002011
4 Date	5 Payee name		<u> </u>
04/23/2011	Tyson Org		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$392.49	855 Texas Street Fort Worth, TX 76102		
	Fort worth, 17 70102		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside	e of Texas, complete Schedule T)
PURPOSE	Advertising Expense	phone	301 Toxas, complete Same 7/ L
OF EXPENDITURE		'	
	<u> </u>		···
9 Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:
to benefit C/OH			
Date	Payee name		
04/14/2011	uspo		
Amount (\$)	Payee address City; State; Zip Code		
\$132.00	downtown station fort worth, TX 76102		
	lott worth, 12 70102		
	Category (See Categories listed at the top of this schedule)	Description (If travel outside	e of Texas, complete Schedule T)
PURPOSE	Advertising Expense	postage	, or rexas, complete concess.
OF EXPENDITURE		F	
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:
to benefit C/OH			
Date	Payee name	3/4	
04/28/2011	uspo	····	
Amount (\$)	Payee address City; State; Zip Code	<u> </u>	
\$44.00	downtown station fort worth, TX 76102		
	Tota worth, 12 70102		
	Category (See Categories listed at the top of this schedule)	Description (If travel outside	e of Texas, complete Schedule T)
PURPOSE	Advertising Expense	postage	Of Texas, complete concease // Land
OF EXPENDITURE	1		
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:
to benefit C/OH			
Date	Payee name		
04/21/2011	xpedx		
Amount (\$)	Payee address City; State; Zip Code		
\$85.13	PO box 677312 Dallas, TX 75267		
	Dallas, 17, 15201		
	Category (See Categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
PURPOSE	Event Expense	envelopes for invitations	Of Toxas, complete solicisis . ,
OF EXPENDITURE	1	·	
	 		
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held: