# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	iuide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <b>Dan</b>	МІ	OFFICE USE ONLY				
IVAIVIE	NICKNAME	LAST Barrios	SUFFIX	RECEIVED				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX	APT / SUITE #,	CITY; STATE; ZIP CODE	JAN 16 2024 CITY OF RICHARDSON City Secretary's Office				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE ( 214 )	PHONE NUMBER 802-3292	EXTENSION	Date Hand-delivered or Date Postmarked				
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST Laura	мі S	Receipt # Amount \$  Date Processed				
NAME	NICKNAME	LAST Learner	SUFFIX	Date Imaged 2024-01-16 - Posted to web				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  833 Chadwick Place Richardson, TX 75080							
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION  ( 972 ) 342-7276							
9 REPORT TYPE	January 15     30th day before election     Runoff     treasurer appointment (Officeholder Only)							
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month Day Year 7 / 1 / 2023 THROUGH 12 / 31 / 2023							
11 ELECTION	Month Day Year Primary Runoff Other Description  General Special							
12 OFFICE	OFFICE HELD (if any) Richardson C	ity Council, Place 3	13 OFFICE SOUGHT (if known	n)				
14 NOTICE FROM POLITICAL COMMITTEE(S)  Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATES OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.							
	COMMITTEE TYPE   COMMITTEE NAME							
	GENERAL COMMITTEE ADDRESS							
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME							
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS					
		до то	PAGE 2	A CONTRACTOR OF THE PERSON OF				

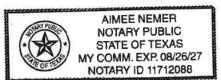
## CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

CAMI AIGHT MANGE REPORT							
15 C/OH NAME	Dan Barr	ios	6 Filer	ID (Ethics C	commission Filers)		
17 CONTRIBUTION TOTALS	1,	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$	0.00		
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	0.00		
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	6.00		
	4.	TOTAL POLITICAL EXPENDITURES		\$	6.00		
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY	\$	1541.82		
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE	\$	0.00		
		affirm, under penalty of perjury, that the accompanying report is true be reported by me under Title 15, Election Code.	and cor	rect and inc	dudes all information		

Signature of Candidate or Officeholder

### Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL  Sworn to and subscribed before me by	DanBarrio	s	this	the 16th	day of	invery		
20 24 to certify which, witness	my hand and seal of office	<b>3.</b>		(	تغييكحد	retery Note		
Signature of officer administering oath	Printed name of	f officer administeri	ng oath		Title of office	radministering oath		
		OR						
(2) Unsworn Declaration								
My name is		, an	ıd my date of bi	irth is				
My address is								
	(street)		(city)	(state)	(zip code)	(country)		
Executed in Cou	nty, State of	, on the	day of	month)	, 20 (year)			
		-	Signature of Candidate/Officeholder (Declarant)					