

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 16				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Dan	MI	OFFICE USE ONLY Date Received <div style="font-size: 24px; color: blue; font-weight: bold;">RECEIVED</div> <div style="font-size: 24px; color: red; font-weight: bold;">JUL 15 2024</div> <div style="font-size: 24px; color: black; font-weight: bold;">GW</div> <div style="font-size: 18px; color: blue; font-weight: bold;">CITY OF RICHARDSON City Secretary's Office</div> Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged 2024-07-16 Posted to web			
	NICKNAME		LAST Barrios		SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX;		APT / SUITE #; CITY; STATE; ZIP CODE				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (214)	PHONE NUMBER 802-3292	EXTENSION				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Laura	MI				
	NICKNAME		LAST Learner				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE						
833 Chadwick Pl, Richardson TX 75080							
8 CAMPAIGN TREASURER PHONE	AREA CODE (972)	PHONE NUMBER 342.7276	EXTENSION				
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)						
10 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
1 / 1 / 24 6 / 30 / 24							
11 ELECTION	ELECTION DATE		ELECTION TYPE				
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	<input type="checkbox"/> General
12 OFFICE	OFFICE HELD (if any) Richardson City Council, Place 3		13 OFFICE SOUGHT (if known)				
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 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 TYPE	COMMITTEE NAME					
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS					
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					

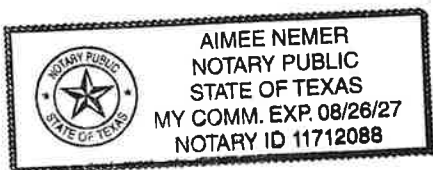
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Dan Barrios		16 Filer ID (Ethics 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)	\$ 5,361.30
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,700.90
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,064.85
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE 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.



[Handwritten Signature]

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Dan Barrios this the 15th day of July,

20 24, to certify which, witness my hand and seal of office.

[Handwritten Signature]

Aimee Nemer

[Handwritten Signature]

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____,
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Dan Barrios		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,361.30
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,700.90
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME Dan Barrios		3 Filer ID (Ethics Commission Filers)
4 Date 03/22/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Julie Johnson 6 Contributor address; City; State; Zip Code PO Box 110937, CARROLLTON, TX 75011	7 Amount of contribution (\$) 2,500.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self Employed
Date 03/22/2024	Full name of contributor out-of-state PAC (ID#: _____) Ana-Maria Ramos Contributor address; City; State; Zip Code PO Box 852227, Richardson, TX 75085	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Ramos Law, PLLC
Date 06/03/2024	Full name of contributor out-of-state PAC (ID#: _____) Ginny Laughlin Contributor address; City; State; Zip Code [REDACTED], Richardson, TX 75080	Amount of contribution (\$) 104.39
Principal occupation / Job title (See Instructions) Real Estate Broker		Employer (See Instructions) Self
Date 06/03/2024	Full name of contributor out-of-state PAC (ID#: _____) Deborah Neuts Contributor address; City; State; Zip Code [REDACTED], Richardson, TX 75080	Amount of contribution (\$) 35.00
Principal occupation / Job title (See Instructions) Systems Engineer		Employer (See Instructions) JCPenney
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME Dan Barrios		3 Filer ID (Ethics Commission Filers)
4 Date 06/03/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Sally Shea 6 Contributor address; City; State; Zip Code [REDACTED], RICHARDSON, TX 75081	7 Amount of contribution (\$) 26.48
8 Principal occupation / Job title (See Instructions) unemployed		9 Employer (See Instructions) unemployed
Date 06/03/2024	Full name of contributor out-of-state PAC (ID#: _____) Vicky Suarez Contributor address; City; State; Zip Code [REDACTED] Richardson, TX 75080-5115	Amount of contribution (\$) 26.48
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Dallas ISD
Date 06/03/2024	Full name of contributor out-of-state PAC (ID#: _____) Jenny August Contributor address; City; State; Zip Code [REDACTED] Richardson, TX 75080	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions) unemployed
Date 06/03/2024	Full name of contributor out-of-state PAC (ID#: _____) Patricia Griffin Contributor address; City; State; Zip Code [REDACTED] Richardson, TX 75080	Amount of contribution (\$) 104.39
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Brooke Hull Insurance
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME Dan Barrios		3 Filer ID (Ethics Commission Filers)
4 Date 06/03/2024	5 Full name of contributor out-of-state PAC (ID#: _____) John Pantzer 6 Contributor address; City; State; Zip Code [REDACTED], Richardson, TX 75081	7 Amount of contribution (\$) 35.83
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) Skywire Design Inc
Date 06/03/2024	Full name of contributor out-of-state PAC (ID#: _____) Paul Glasier Contributor address; City; State; Zip Code [REDACTED], Leawood, KS 66206	Amount of contribution (\$) 26.48
Principal occupation / Job title (See Instructions) Medical Faculty		Employer (See Instructions) Childrens Mercy Kansas City
Date 06/03/2024	Full name of contributor out-of-state PAC (ID#: _____) Nancy Goehl Contributor address; City; State; Zip Code [REDACTED], Richardson, TX 75081	Amount of contribution (\$) 26.48
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions) unemployed
Date 06/04/2024	Full name of contributor out-of-state PAC (ID#: _____) Laura Learner Contributor address; City; State; Zip Code [REDACTED], Richardson, TX 75080	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) Rising Medical Solutions

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME Dan Barrios		3 Filer ID (Ethics Commission Filers)
4 Date 06/04/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Elizabeth Wilkinson 6 Contributor address; City; State; Zip Code [REDACTED] Richardson, TX 75080	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) unemployed		9 Employer (See Instructions) unemployed
Date 06/04/2024	Full name of contributor out-of-state PAC (ID#: _____) Susan Watson Contributor address; City; State; Zip Code [REDACTED] Richardson, TX 75080	Amount of contribution (\$) 52.45
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Adviant
Date 06/04/2024	Full name of contributor out-of-state PAC (ID#: _____) Hon. Carol Done van Contributor address; City; State; Zip Code [REDACTED] Dallas, TX 75214	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions) unemployed
Date 06/07/2024	Full name of contributor out-of-state PAC (ID#: _____) Annette Krause Contributor address; City; State; Zip Code [REDACTED] Dallas, TX 75206	Amount of contribution (\$) 52.45
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions) unemployed
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME Dan Barrios		3 Filer ID (Ethics Commission Filers)
4 Date 06/07/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Sam Eppler 6 Contributor address; City; State; Zip Code [REDACTED] Dallas, TX 75230	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) Self Employed		9 Employer (See Instructions) Consultant
Date 06/15/2024	Full name of contributor out-of-state PAC (ID#: _____) Kelly Kitchens Contributor address; City; State; Zip Code [REDACTED] Richardson, TX 75081	Amount of contribution (\$) 52.45
Principal occupation / Job title (See Instructions) Film publicist		Employer (See Instructions) Self
Date 06/16/2024	Full name of contributor out-of-state PAC (ID#: _____) Daphne Hajovsky Contributor address; City; State; Zip Code [REDACTED] Midlothian, TX 76065	Amount of contribution (\$) 78.42
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions) unemployed
Date 06/17/2024	Full name of contributor out-of-state PAC (ID#: _____) Seana Seaxon Contributor address; City; State; Zip Code [REDACTED] Richardson TX 75080	Amount of contribution (\$) 40.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME Dan Barrios		3 Filer ID (Ethics Commission Filers)
4 Date 06/17/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Carol Udel Rodriguez	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME Dan Barrios	3 Filer ID (Ethics Commission Filers)
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4 Date 02/08/2024	5 Payee name Risd PTA
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6 Amount (\$) 200.00	7 Payee address; 400 S. Greenville Ave Richardson TX 75081	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation	(b) Description Donation
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/25/2024	Payee name NALEO Educational Fund
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Amount (\$) 800.00	Payee address; 1415 N. Loop West Fwy, Ste. 1020 Houston, TX 77008	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out of District	Description NALEO Annual Conference / Registration
	<input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/25/2024	Payee name Bellagio
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Amount (\$) 364.29	Payee address; 3600 Las Vegas Blvd S, Las Vegas, NV 89109	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out of District	Description NALEO Annual Conference / Hotel
	<input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME Dan Barrios	3 Filer ID (Ethics Commission Filers)
4 Date 03/28/2024	5 Payee name Southwest Airlines	
6 Amount (\$) 393.96	7 Payee address; City; State; Zip Code 2702 Love Field Dr., Dallas, TX 75235	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description NALEO Conference / Airfare
	(c) <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/04/2024	Payee name Donorbox	
Amount (\$) 52.50	Payee address; City; State; Zip Code 1520 Belle View Blvd., Suite 4106, Alexandria, VA 22307	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Expense	Description Platform Fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 05/13/2024	Payee name Krogers #0517	
Amount (\$) 68.75	Payee address; City; State; Zip Code 160 N Coit Road Richardson TX 75080	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Expense	Description Breakfast with Barrios
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME Dan Barrios	3 Filer ID (Ethics Commission Filers)
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4 Date 05/17/2024	5 Payee name Office Depot
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6 Amount (\$) 38.94	7 Payee address; City; State; Zip Code 11615 N CENTRAL EXPRESSWAY, DALLAS, TX 75243
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising	(b) Description Office Supplies
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 06/12/2024	Payee name Walmart Supercenter
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Amount (\$) 6.47	Payee address; City; State; Zip Code Dallas TX
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Beverage Expense	Description Breakfast with Barrios
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 06/14/2024	Payee name Krogers
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Amount (\$) 45.93	Payee address; City; State; Zip Code 160 N Coit Road Richardson TX 75080
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Beverage Expense	Description Breakfast with Barrios
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME Dan Barrios	3 Filer ID (Ethics Commission Filers)
4 Date 06/17/2024	5 Payee name La Michoacana	
6 Amount (\$) 15.26	7 Payee address; City; State; Zip Code 6770 Greenville Ave, Dallas, TX 75231	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage	(b) Description Breakfast with Barrios
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 06/20/2024	Payee name Bellagio	
Amount (\$) 23.95	Payee address; City; State; Zip Code 3600 Las Vegas Blvd S, Las Vegas, NV 89109	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out of District	Description NALEO Conference / Food
	<input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 06/21/2024	Payee name Hudson	
Amount (\$) 16.40	Payee address; City; State; Zip Code Las Vegas, NV	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out of District	Description NALEO Conference / Food
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME Dan Barrios	3 Filer ID (Ethics Commission Filers)
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4 Date 06/24/2024	5 Payee name Bellagio
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6 Amount (\$) 674.45	7 Payee address; Blvd S, Las Vegas, NV 89109	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description NALEO Conference / Hotel
	(c) <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES
FOR TRAVEL OUTSIDE OF TEXAS**

SCHEDULE T

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: 2
2 FILER NAME Dan Barrios		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee NALEO Educational Fund		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
6 Dates of travel 6/17/2024 - 6/20/2024	7 Name of person(s) traveling Dan Barrios	
	8 Departure city or name of departure location Dallas, TX	
	9 Destination city or name of destination location Las Vegas, NV	
10 Means of transportation Airplane	11 Purpose of travel (including name of conference, seminar, or other event) National Assoc of Latino Elected Officials Annual Conference	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Bellagio		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel 6/17/2024 - 6/20/2024	Name of person(s) traveling Dan Barrios	
	Departure city or name of departure location Dallas, TX	
	Destination city or name of destination location Las Vegas, NV	
Means of transportation Airplane	Purpose of travel (including name of conference, seminar, or other event) National Assoc of Latino Elected Officials Annual Conference	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Southwest Airlines		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel 6/17/2024 - 6/20/2024	Name of person(s) traveling Dan Barrios	
	Departure city or name of departure location Dallas, TX	
	Destination city or name of destination location Las Vegas, NV	
Means of transportation Airplane	Purpose of travel (including name of conference, seminar, or other event) National Assoc of Latino Elected Officials Annual Conference	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: 2
2 FILER NAME Dan Barrios		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Hudson		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
6 Dates of travel 06/17/2024 - 06/20/2024	7 Name of person(s) traveling Dan Barrios	
	8 Departure city or name of departure location Dallas, TX	
	9 Destination city or name of destination location Las Vegas, NV	
10 Means of transportation Airplane	11 Purpose of travel (including name of conference, seminar, or other event) National Assoc of Latino Elected Officials Annual Conference	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
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Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
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