Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction G | UIDE explains how to complete this form. | 1 ACCOUNT # (Ethics Commission filers) 00053829 | 2 Total pages this report: |
|-------------------------|--|---|--|
| 3 CANDIDATE / | TITLE FIRST | MI | |
| OFFICEHOLDER | Mr. Dallas | | OFFICE USE ONLY |
| NAME | | | Date Received |
| | NICKNAME LAST | SUFFIX | |
| | Barrington | | |
| 4 CANDIDATE / | ADDRESS / PO BOX; APT / SUITE #; | CITY; STATE; ZIP CODE | - |
| OFFICEHOLDER | | J, J, L 555- | |
| ADDRESS | 3526 Brownlea Road | | |
| Change of Address | Silsbee Tx 77656 | | Date Hand-delivered or Date Postmarked |
| | | | _ |
| 5 CAMPAIGN TREASURER | TITLE FIRST | MI | |
| NAME | Mr. Dallas | | Receipt # Amount |
| | NICKNAME LAST | SUFFIX | Date Processed |
| | Barrington | | |
| | | | Date Imaged |
| 6 CAMPAIGN | STREET ADDRESS (NO PO BOX PLEASE); APT | /SUITE#; CITY; STATE; | ZIP CODE |
| TREASURER ADDRESS | 3526 Brownlea Road | | |
| (Residence or business) | | | |
| | Silsbee Tx 77656 | | |
| 7 CAMPAIGN | AREA CODE PHONE NUMBER | EXTENSION | |
| TREASURER PHONE | (409) 385-3362 | | |
| PHONE | ` ′ | | |
| 8 REPORT TYPE | January 15 30th day before el | ection Runoff | 15th day after campaign treasurer |
| | | Ш | appointment (officeholder only) |
| | X July 15 8th day before elec | ction Exceeded \$500 limit | X Final report (Attach C/OH - FR) |
| 9 PERIOD | Month Day Year | Month Day | Year |
| COVERED | 1 | HROUGH | |
| | 03/01/2004 | 07/14/20 | 004 |
| 10 ELECTION | ELECTION DATE ELECTION | ON TYPE | |
| | Month Day Year | . 🗆 | |
| | 03/09/2004 X Pr | imary Runoff | General Special |
| 11 OFFICE | OFFICE HELD (if any) | 12 OFFICE SOUGHT (if known State Representative | n) |
| | | State Representativ | re 19 |
| 40 | | | |
| 13 DIRECT | | n expenditures made by others without the c | |
| CAMPAIGN EXPENDITURE | Candidates are required to disclose this informa | tion only if they receive notification of the dire | ect campaign expenditure. |
| BY OTHER | Name | | |
| INDIVIDUALS | | | |
| | Address DO Days Ant / Cuite #4 City State | Zin Code | |
| | Address/PO Box; Apt. / Suite #; City; Stat | e; Zip Code | |
| additional pages | | | |
| | | | |
| | | | |
| | GO 1 | ΓO PAGE 2 | |
| l | | | |



CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

| 14 C/OH NAME Mr. Dallas Barrington | | | | 15 ACCOUNT # (Ethics Commission filers) 00053829 | |
|---------------------------------------|---|---|---|--|--|
| 16 NOTICE FROM | This listing includes political expenditures 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 | | | | |
| POLITICAL COMMITTEE(S) | COMMITTEE TYPE | COMMITTEE NAME | | | |
| | GENERAL | COMMITTEE ADDRESS | | | |
| | SPECIFIC | COMMITTEE CAMPAIGN TREAS | SURER NAME | | |
| additional pages | | COMMITTEE CAMPAIN TREA | NUMBER ADDRESS | | |
| | | COMMITTEE CAMPAIGN TREAS | SUKEK ADDRESS | | |
| 17 NO REPORTABLE ACTIVITY | Check here if no re | eportable activity occured during this | reporting period. (Sign affidavid below and | submit pages 1 and 2 only.) | |
| 18 CONTRIBUTION TOTALS | 1. TOTAL F PLEDGE | OLITICAL CONTRIBUTIONS (S, LOANS, OR GUARANTEES | OF \$50 OR LESS (OTHER THAN S OF LOANS), UNLESS ITEMIZED | \$ 0.00 | |
| | | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OF | GUARANTEES OF LOANS) | \$ 1700.00 | |
| EXPENDITURE TOTALS | 3. TOTAL F | OLITICAL EXPENDITURES C | F \$50 OR LESS, UNLESS ITEMIZED | \$ 0.00 | |
| | 4. TOTAL F | POLITICAL EXPENDITURES | | \$ 2958.72 | |
| OUTSTANDING LOAN TOTALS | | RINCIPAL AMOUNT OF ALL (Y OF THE REPORTING PERI | OUTSTANDING LOANS AS OF THE OD | \$ 0.00 | |
| 19 AFFIDAVIT | | | | | |
| | | | | of perjury, that the accompanying report all information required to be reported by e. | |
| | | | Dallas Ja | ckson Barrington | |
| | | | Signature of C | andidate or Officeholder | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

CANDIDATE/OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

| | The Inst | ruction Guide explains how to complete this form. lete only if "Report Type" on page 1 is marked "Final Report" ** | | | |
|---|---|---|---|--|--|
| 1 | C/OH NA | | 2 ACCOUNT # (Ethics Commission filers) | | |
| | Mr. Da | Illas Barrington | 00053829 | | |
| 3 | SIGNAT | TURE | <u> </u> | | |
| | a repo | ot expect any further political contributions or political expenditures in connection with my car rt as a final report terminates my campaign treasurer appointment. I also understand that I m outions or make any campaign expenditures without a campaign treasurer appointment on file | nay not accept any campaign | | |
| | | Sian | ature of Candidate / Officeholder | | |
| | | - 3 | | | |
| 4 | | WHO IS NOT AN OFFICEHOLDER ete A & B below only if you are a candidate ** | | | |
| | A. | CAMPAIGN FUNDS | | | |
| | Check | conly one: | | | |
| | X | I do not have unexpended contributions or unexpended interest or income earned from political contributions. | | | |
| | | I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204. | | | |
| | В. | ASSETS | | | |
| | Check only one: | | | | |
| | I do not retain assets purchased with political contributions or interest or other income from political contributions. | | | | |
| | | I do retain assets purchased with political contributions or interest or other income from pol may not convert assets purchased with political contributions or interest or other income from use. I also understand that I must dispose of assets purchased with political contributions in Election Code, ŧ 254.204. | om political contributions to personal | | |
| | | | Signature of Candidate | | |
| 5 | OFFICE | HOLDER | | | |
| | | ete this section only if you are an officeholder ** | | | |
| | | I am aware that I remain subject to filing requirements applicable to an officeholder who do | es not have a campaign treasurer on file. | | |
| | | | Signature of Officeholder | | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

| | The Instruction | ON GUIDE explains how to complete this form. | | 1 Total pages this 4/7 | report: |
|---|--------------------------------|---|--------------------------------------|-------------------------------|--|
| 2 | FILER NAME Mr. Dallas I | | | 3 ACCOUNT # 00053829 | (Ethics Commission filers) |
| 4 | Date | 5 Full name of contributor ☐ out-of-state PAC(ID# International Union of Operating Engineers Local | Union 450 | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| | 03/02/2004 | 6 Contributor address; City; State; Zip Code | | 500.00 | |
| | | Houston Tx 77017 | | | |
| 9 | Principal occup | ation (Optional) | 10 Employer (Option | al) | |
| | Date | Full name of contributor | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 03/03/2004 | Contributor address; City; State; Zip Code | | 100.00 | |
| | | Groves Tx 77619 | | | |
| | Principal occup | ation (Optional) | Employer (Option | al) | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 03/03/2004 | Contributor address; City; State; Zip Code | | 100.00 | |
| | | Bridge City Tx 77611 | | | |
| | Principal occup Retired | ation (Optional) | Employer (Option | al) | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 03/02/2004 | Contributor address; City; State; Zip Code | | 500.00 | |
| | | Beaumont Tx 77701 | | | |
| | | | Employer (Option Orgain,Bell & To | | |
| | Date | Full name of contributor out-of-state PAC(ID# Sheet Metal Workers Local Union 54 P.A.C. Fund | 1 | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 03/03/2004 | Contributor address; City; State; Zip Code | | 500.00 | |
| | | Houston Tx 77018 | | | |
| | Principal occup Union PAC F | ation (Optional) UND | Employer (Option SHEET METAL | | |
| | | | | | |
| | | | | | |
| | | | | | |

POLITICAL EXPENDITURES

SCHEDULE F

| The Instruction Guide explains how to complete this form. | | | | Total pages report: 5/7 | |
|---|---|--|----------------------|---------------------------------------|--|
| 2 FILER NAME Mr. Dallas I | | | 3 ACCOUN 00053829 | T # (Ethics Commission filers) | |
| 4 Date 03/04/2004 | Payee name POST MART Payee address; City; State; Zip Code 404 HWY. 96 S. Silsbee Tx 77656 | | | 7 Amount (\$) 156.96 | |
| 8 Purpose of expinformation reconcer | | 9 Complete if direct expe Candidate / Officeholder na | | fit C/OH •• Office sought Office held | |
| Date 03/04/2004 | Payee name U.S. Postmaster Payee address; City; State; Zip Code Hwy. 96 S. Silsbee Tx 77656 | | | Amount (\$) 555.00 | |
| Purpose of exp information red Postage | penditure (See instructions regarding type of quired.) | Complete if direct expe Candidate / Officeholder na | | fit C/OH •• Office sought Office held | |
| Date 03/04/2004 | Payee name U.S. Postmaster Payee address; City; State; Zip Code Hwy. 96 S. Lumberton Tx 77657 | | | Amount (\$) 555.00 | |
| Purpose of exp information red Postage | penditure (See instructions regarding type of quired.) | Complete if direct expe Candidate / Officeholder no | | fit C/OH •• Office held | |
| Date 03/25/2004 | Payee name SBC Payee address; City; State; Zip Code PO Box 650611 Dallas Tx 75265 | | | Amount (\$) 780.37 | |
| Purpose of exp information red Phone Bill | penditure (See instructions regarding type of quired.) | Complete if direct expe Candidate / Officeholder n | | fit C/OH •• Office sought Office held | |
| | | | | · · | |

POLITICAL EXPENDITURES

SCHEDULE F

| The Instruction Guide explains how to complete this form. 1 Total pages report: 6/7 2 FILER NAME Mr. Dallas Barrington 3 ACCOUNT # (Effice Commission filers) 00053829 4 Date 04/08/2004 Sprint PCS 6 Payee address; City; State; Zip Code PO Box 660092 Dallas Tx 75266 8 Purpose of expenditure (See instructions regarding type of information required.) Date Payee name 03/31/2004 Collection Bureau of America Payee address; City; State; Zip Code PO Box 16730 Mesa Az 85211 Purpose of expenditure (See instructions regarding type of information required.) Complete if direct expenditure to benefit C/OH Office held (\$\frac{1}{3}\$) The complete if direct expenditure to benefit C/OH Office held (\$\frac{1}{3}\$) The complete if direct expenditure to benefit C/OH Office held (\$\frac{1}{3}\$) The complete if direct expenditure to benefit C/OH Office held (\$\frac{1}{3}\$) The complete if direct expenditure to benefit C/OH Office held (\$\frac{1}{3}\$) The complete if direct expenditure to benefit C/OH Office held (\$\frac{1}{3}\$) The complete if direct expenditure to benefit C/OH Office held (\$\frac{1}{3}\$) The complete if direct expenditure to benefit C/OH Office held (\$\frac{1}{3}\$) The complete if direct expenditure to benefit C/OH Office held (\$\frac{1}{3}\$) The complete if direct expenditure to benefit C/OH Office held (\$\frac{1}{3}\$) The complete if direct expenditure to benefit C/OH Office held (\$\frac{1}{3}\$) The complete if direct expenditure to benefit C/OH Office held (\$\frac{1}{3}\$) The complete if direct expenditure to benefit C/OH Office held (\$\frac{1}{3}\$) The complete if direct expenditure to benefit C/OH Office held (\$\frac{1}{3}\$) The complete if direct expenditure to benefit C/OH Office held (\$\frac{1}{3}\$) The complete if direct expenditure to benefit C/OH Office held (\$\frac{1}{3}\$) The complete if direct expenditure to benefit C/OH Office held (\$\frac{1}{3}\$) The complete if direct expenditure to benefit C/OH Office held (\$\frac{1} | | | |
|---|----|--|--|
| Mr. Dallas Barrington 4 Date 04/08/2004 Sprint PCS 6 Payee address; City; State; Zip Code PO Box 660092 Dallas Tx 75266 8 Purpose of expenditure (See instructions regarding type of information required.) Phone Bill Date 03/31/2004 Payee name 03/31/2004 Collection Bureau of America Payee address; City; State; Zip Code PO Box 16730 Mesa Az 85211 Purpose of expenditure (See instructions regarding type of Complete if direct expenditure to benefit C/OH Amount (\$) 113.75 | | | |
| 04/08/2004 Sprint PCS 6 Payee address; City; State; Zip Code PO Box 660092 Dallas Tx 75266 8 Purpose of expenditure (See instructions regarding type of information required.) Phone Bill Date Payee name Collection Bureau of America Payee address; City; State; Zip Code PO Box 16730 Mesa Az 85211 Purpose of expenditure (See instructions regarding type of Complete if direct expenditure to benefit C/OH *** Candidate / Officeholder name Amount (\$) 113.79 Complete if direct expenditure to benefit C/OH *** | | | |
| Information required.) Phone Bill Date Payee name Office sought Office held Office sought Office held Amount (\$) 113.79 Payee address; City; State; Zip Code PO Box 16730 Mesa Az 85211 Purpose of expenditure (See instructions regarding type of Complete if direct expenditure to benefit C/OH *** | ס | | |
| O3/31/2004 Collection Bureau of America Payee address; City; State; Zip Code PO Box 16730 Mesa Az 85211 Purpose of expenditure (See instructions regarding type of Complete if direct expenditure to benefit C/OH *** | t. | | |
| Purpose of expenditure (See instructions regarding type of information required.) Complete if direct expenditure to benefit C/OH • Candidate / Office holder name Office sought Office hold | 9 | | |
| AT&T Phone Bill | t. | | |
| Date Payee name Amount (\$) 03/06/2004 Brookshire Bros. 251.60 Payee address; City; State; Zip Code Hwy. 96 S. Silsbee Tx 77656 |) | | |
| Purpose of expenditure (See instructions regarding type of information required.) Supplies Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | t | | |
| Date Payee name Amount (\$) 03/05/2004 U.S. Postmaster 296.00 Payee address; City; State; Zip Code Hwy. 96 S. Silsbee Tx 77656 |) | | |
| Purpose of expenditure (See instructions regarding type of information required.) Postage Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | t | | |

TEXT ANNOTATION

Information entered by filer as a memo

Schedule COH

Final Report. No cash on hand.