



# 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 POLITICAL COMMITTEE(S)**

.. 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. ..

**COMMITTEE TYPE**

COMMITTEE NAME

**GENERAL**

COMMITTEE ADDRESS

**SPECIFIC**

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

**17 NO REPORTABLE ACTIVITY**

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

**18 CONTRIBUTION TOTALS**

1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
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2.	<b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	1700.00
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**EXPENDITURE TOTALS**

3.	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	0.00
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4.	<b>TOTAL POLITICAL EXPENDITURES</b>	\$	2958.72
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**OUTSTANDING LOAN TOTALS**

5.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
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**19 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.

Dallas Jackson Barrington

\_\_\_\_\_  
Signature of Candidate or Officeholder

**CANDIDATE/OFFICEHOLDER REPORT:  
DESIGNATION OF FINAL REPORT****FORM C/OH - FR**

The Instruction Guide explains how to complete this form.  
**\*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\***

**1** C/OH NAME  
Mr. Dallas Barrington

**2** ACCOUNT # (Ethics Commission filers)  
00053829

**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder

**4 FILER WHO IS NOT AN OFFICEHOLDER**

**\*\* Complete A & B below only if you are a candidate \*\***

**A. CAMPAIGN FUNDS**

Check only one:

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, Â§ 254.204.

**B. 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 political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, Â§ 254.204.

\_\_\_\_\_  
Signature of Candidate

**5 OFFICEHOLDER**

**\*\* Complete this section only if you are an officeholder \*\***

I am aware that I remain subject to filing requirements applicable to an officeholder who does 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 GUIDE explains how to complete this form.		1 Total pages this report: 4/7	
2 FILER NAME Mr. Dallas Barrington		3 ACCOUNT # (Ethics Commission filers) 00053829	
4 Date 03/02/2004	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) International Union of Operating Engineers Local Union 450 ..... 6 Contributor address; City; State; Zip Code  Houston Tx 77017	7 Amount of contribution (\$)  500.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 03/03/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ruelle Parker ..... Contributor address; City; State; Zip Code  Groves Tx 77619	Amount of contribution (\$)  100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/03/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Gene Edgerly ..... Contributor address; City; State; Zip Code  Bridge City Tx 77611	Amount of contribution (\$)  100.00	In-kind contribution description (if applicable)
Principal occupation (Optional) Retired		Employer (Optional)	
Date 03/02/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) J. Hoke Peacock ..... Contributor address; City; State; Zip Code  Beaumont Tx 77701	Amount of contribution (\$)  500.00	In-kind contribution description (if applicable)
Principal occupation (Optional) Attorney		Employer (Optional) Orgain,Bell & Tucker L.L.P.	
Date 03/03/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Sheet Metal Workers Local Union 54 P.A.C. Fund ..... Contributor address; City; State; Zip Code  Houston Tx 77018	Amount of contribution (\$)  500.00	In-kind contribution description (if applicable)
Principal occupation (Optional) Union PAC FUND		Employer (Optional) SHEET METAL WORKERS	

# POLITICAL EXPENDITURES

# SCHEDULE F

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> Total pages report: 5/7
<b>2</b> FILER NAME Mr. Dallas Barrington		<b>3</b> ACCOUNT # (Ethics Commission filers) 00053829
<b>4</b> Date 03/04/2004	<b>5</b> Payee name POST MART ..... <b>6</b> Payee address; City; State; Zip Code 404 HWY. 96 S. Silsbee Tx 77656	<b>7</b> Amount (\$) 156.96
<b>8</b> Purpose of expenditure (See instructions regarding type of information required.) Copie		<b>9</b> Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name 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 expenditure (See instructions regarding type of information required.) Postage		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name 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 expenditure (See instructions regarding type of information required.) Postage		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought 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 expenditure (See instructions regarding type of information required.) Phone Bill		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

# POLITICAL EXPENDITURES

# SCHEDULE F

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> Total pages report: 6/7
<b>2</b> FILER NAME Mr. Dallas Barrington		<b>3</b> ACCOUNT # (Ethics Commission filers) 00053829
<b>4</b> Date 04/08/2004	<b>5</b> Payee name Sprint PCS ..... <b>6</b> Payee address; City; State; Zip Code PO Box 660092 Dallas Tx 75266	<b>7</b> Amount (\$) 250.00
<b>8</b> Purpose of expenditure (See instructions regarding type of information required.) Phone Bill		<b>9</b> Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 03/31/2004	Payee name Collection Bureau of America ..... Payee address; City; State; Zip Code PO Box 16730 Mesa Az 85211	Amount (\$) 113.79
Purpose of expenditure (See instructions regarding type of information required.) AT&T Phone Bill		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 03/06/2004	Payee name Brookshire Bros. ..... Payee address; City; State; Zip Code Hwy. 96 S. Silsbee Tx 77656	Amount (\$) 251.60
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
Date 03/05/2004	Payee name U.S. Postmaster ..... Payee address; City; State; Zip Code Hwy. 96 S. Silsbee Tx 77656	Amount (\$) 296.00
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

## TEXT ANNOTATION

### Information entered by filer as a memo

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Schedule COH

Final Report. No cash on hand.