

# 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: <div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; text-align: center; line-height: 30px; margin: 5px auto;">17</div>
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS <input checked="" type="checkbox"/> MR FIRST: Terry MI: A NICKNAME: Barber LAST: Barber SUFFIX:	<b>OFFICE USE ONLY</b> Date Received: 2020 FEB -3 PM 2:58 FILED FOR RECORDS KAUFMAN CO. TEXAS LAURA A. HUGHES COUNTY CLERK DEPUTY	
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE		
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS <input checked="" type="checkbox"/> MR FIRST: James MI: C NICKNAME: Davis LAST: Davis SUFFIX:	Receipt #	Amount \$
<b>7</b> CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE 15063 County Road 347 Terrell, TX. 75161		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ( 903 ) 873-2922		
<b>9</b> REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10</b> PERIOD COVERED	Month Day Year    Month Day Year 01 / 01 / 2020    THROUGH    01 / 23 / 2020		
<b>11</b> ELECTION	ELECTION DATE Month Day Year 03 / 03 / 2020	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12</b> OFFICE	OFFICE HELD (if any) County Commissioner Kaufman County Precinct 3	<b>13</b> OFFICE SOUGHT (if known) County Commissioner Kaufman County Precinct 3	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

Terry A. Barber

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

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

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 13,121.48

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 8,216.29

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

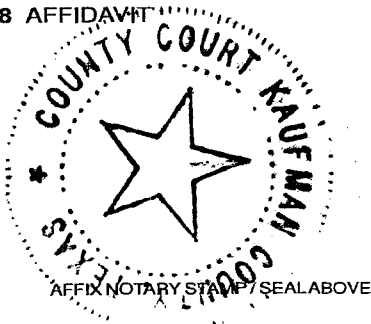
\$ 5,668.30

OUTSTANDING  
LOAN TOTALS

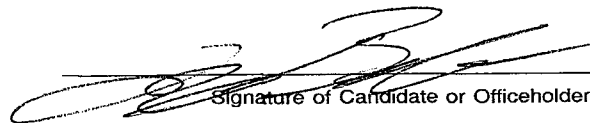
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 750.00

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.

  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Terry Barber, this the 3<sup>rd</sup> day of February 2020, to certify which, witness my hand and seal of office.

  
Signature of officer administering oath

Kylie Doss  
Printed name of officer administering oath

Deputy Clerk  
Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

<b>19</b> FILER NAME  Terry A. Barber		<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,550.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 7,571.48
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 750.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 300.00
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 344.81
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME Terry A. Barber		3 Filer ID (Ethics Commission Filers)
4 Date 01/02/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ham Orchards, LLC	7 Amount of contribution (\$)  \$200.00
6 Contributor address; City; State; Zip Code 11939 County Road 309 Terrell, TX. 75161		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jack Smithhart	Amount of contribution (\$)  \$500.00
Contributor address; City; State; Zip Code 12180 County Road 351A Terrell, TX. 75161		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/15/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Strange	Amount of contribution (\$)  \$100.00
Contributor address; City; State; Zip Code 11675 County Road 354 Terrell, TX. 75161		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Ham Orchard, LLC
Date 01/16/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carl Bates	Amount of contribution (\$)  \$100.00
Contributor address; City; State; Zip Code P.O. Box 994 Terrell, TX. 75160		
Principal occupation / Job title (See Instructions) Fraud Investigator		Employer (See Instructions) American Express

**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

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule A1: <b>8</b>
<b>2</b> FILER NAME Terry A. Barber		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 01/16/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John McKinney <hr/> <b>6</b> Contributor address; City; State; Zip Code P.O. Box 39 Elmo, TX. 75118	<b>7</b> Amount of contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) Business Owner		<b>9</b> Employer (See Instructions) Snap Insurance Service
Date 01/15/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keith Bell <hr/> Contributor address; City; State; Zip Code P.O. Box 1886 Forney, TX. 75126	Amount of contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Texas State Representative		Employer (See Instructions) State of Texas House of Representatives
Date 01/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodney Kinkaid <hr/> Contributor address; City; State; Zip Code 4 Carl Lee Circle Terrell, TX. 75160	Amount of contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Ham Orchard, LLC
Date 01/11/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patsy Ellis <hr/> Contributor address; City; State; Zip Code 406 Northgate Dr. Terrell, TX. 75160	Amount of contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME Terry A. Barber		3 Filer ID (Ethics Commission Filers)
4 Date 01/11/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Jordan 6 Contributor address; City; State; Zip Code P.O. 1793 Terrell, TX. 75160	7 Amount of contribution (\$)  \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 01/11/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Hunter Contributor address; City; State; Zip Code 10353 Sleepy Hollow Rd. Terrell, TX. 75161	Amount of contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Electrician		Employer (See Instructions) Forney ISD
Date 01/11/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Becky Nitschke Contributor address; City; State; Zip Code P.O. Box 1527 Terrell, TX. 75160	Amount of contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Legal Assistant		Employer (See Instructions) Wayne R. Shahan, Attorney
Date 01/11/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chad Johnson Contributor address; City; State; Zip Code 134 Cherrytree Trail Forney, TX. 75126	Amount of contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Attorney Chad A. Johnson

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME Terry A. Barber		3 Filer ID (Ethics Commission Filers)
4 Date 01/11/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peter Esposito 6 Contributor address; City; State; Zip Code 16190 Ranchette Rd. Terrell, TX. 75161	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 01/08/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Morobitto Contributor address; City; State; Zip Code 11486 County Road 313 Terrell, TX. 75161	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/10/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeff Baska Contributor address; City; State; Zip Code 16734 County Road 345 Terrell, TX. 75161	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Phase One Design Builders
Date 01/11/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Davis Contributor address; City; State; Zip Code P.O. Box 239 Elmo, TX. 75118	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME Terry A. Barber		3 Filer ID (Ethics Commission Filers)
4 Date 01/11/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Don Archer	7 Amount of contribution (\$)  \$100.00
6 Contributor address; City; State; Zip Code 1105 Main St. Terrell, TX. 75160		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 01/11/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Wallace	Amount of contribution (\$)  \$100.00
Contributor address; City; State; Zip Code 8655 Karen Lane Terrell, TX. 75160		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/11/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keith Stephens	Amount of contribution (\$)  \$100.00
Contributor address; City; State; Zip Code 1000 Griffith Ave. Terrell, TX. 75160		
Principal occupation / Job title (See Instructions) County Constable		Employer (See Instructions) Kaufman County, Texas
Date 01/11/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruce Wood	Amount of contribution (\$)  \$100.00
Contributor address; City; State; Zip Code 302 Tower Circle Terrell, TX. 75160		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME Terry A. Barber		3 Filer ID (Ethics Commission Filers)
4 Date 01/11/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeff Woolverton	7 Amount of contribution (\$)  \$100.00
6 Contributor address; City; State; Zip Code 520 Timberside Terrell, TX. 75161		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 01/11/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Fuller	Amount of contribution (\$)  \$100.00
Contributor address; City; State; Zip Code 11600 County Road 346 Terrell, TX. 75161		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/11/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George Taylor	Amount of contribution (\$)  \$200.00
Contributor address; City; State; Zip Code 11600 County Road 352 Terrell, TX. 75161		
Principal occupation / Job title (See Instructions) Electrician		Employer (See Instructions) Lumpy's Electrical
Date 01/11/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denco Services	Amount of contribution (\$)  \$200.00
Contributor address; City; State; Zip Code P.O. Box 489 Terrell, TX. 75160		
Principal occupation / Job title (See Instructions) Business		Employer (See Instructions)

<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME Terry A. Barber		3 Filer ID (Ethics Commission Filers)
4 Date 01/11/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Walker	7 Amount of contribution (\$)  \$250.00
	6 Contributor address; City; State; Zip Code 15374 FM 2728 Terrell, TX. 75161	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 01/11/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randall Kirk	Amount of contribution (\$)  \$250.00
	Contributor address; City; State; Zip Code P.O. Box 38 Elmo, TX. 75118	
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) What-A-Burger
Date 01/11/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tracy Gray for Judge	Amount of contribution (\$)  \$250.00
	Contributor address; City; State; Zip Code 112 S. Bois D Arc St. Forney, TX. 75126	
Principal occupation / Job title (See Instructions) County Court At Law Judge		Employer (See Instructions) Kaufman County
Date 01/11/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) L.D. McFarlin	Amount of contribution (\$)  \$400.00
	Contributor address; City; State; Zip Code 1136 County Road 319 Terrell, TX. 75161	
Principal occupation / Job title (See Instructions) Cattle Rancher		Employer (See Instructions) McFarlin Cattle Ranch
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME Terry A. Barber		3 Filer ID (Ethics Commission Filers)
4 Date 01/12/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larry Langley 6 Contributor address; City; State; Zip Code 25830 FM 429 Terrell, TX. 75161	7 Amount of contribution (\$)  \$500.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 01/06/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebarger Goggan Blair & Sampson, LLP Contributor address; City; State; Zip Code P.O. Box 17428 Austin, TX. 78760	Amount of contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Attorney's At Law		Employer (See Instructions) Linebarger Goggan Blair & Sampson, LLP
Date 01/13/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) L & J Creations (John Helton) Contributor address; City; State; Zip Code P.O. Box 1736 Terrell, TX. 75160	Amount of contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) L & J Creations
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1	
2 FILER NAME Terry A. Barber		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 01/08/2020	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ronnie Hamilton 7 Contributor address; City; State; Zip Code P.O. Box 2429 Forney, TX. 75126	8 Amount of Contribution \$ \$6,673.00	9 In-kind contribution description Series of newspaper ads  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Business Owner		11 Employer (FOR NON-JUDICIAL) (See Instructions) Southwest Crushing	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 01/06/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ronnie Hamilton Contributor address; City; State; Zip Code 5150 Normandy Drive Frisco, TX. 75034	Amount of Contribution \$ \$898.48	In-kind contribution description Campaign signs and stickers  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Business Owner		Employer (FOR NON-JUDICIAL) (See Instructions) Southwest Crushing	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>1</b>	<b>2</b> FILER NAME Terry A. Barber	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 01/14/2020	<b>5</b> Payee name Shelton Gibbs Campaign	
<b>6</b> Amount (\$) \$100.00	<b>7</b> Payee address; City; State; Zip Code 2722 West Alamosa Terrell, TX. 75160	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Campaign Contribution	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 01/23/2020	Payee name Kiwanis Club of Terrell	
Amount (\$) \$200.00	Payee address; City; State; Zip Code P.O. Box 12 Terrell, TX. 75160	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Campaign Advertising Expense	Description <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	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <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 PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: 4	<b>2</b> FILER NAME Terry A. Barber	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 01/14/2020	<b>5</b> Payee name Harbor Freight
-----------------------------	---------------------------------------

<b>6</b> Amount (\$) \$2.42 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 1404 W. Moore Ave. Terrell, TX. 75160
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Supplies for Campaign Signs	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 01/02/2020	Payee name Elmo Valero
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Amount (\$) \$45.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 7400 E. Hwy. 80 Terrell, TX. 75161
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fuel for campaign volunteers	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 01/03/2020	Payee name Hobby Lobby
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Amount (\$) \$32.40 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 590 American Way Terrell, TX. 75160
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fund raiser supplies	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY 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 PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <b>4</b>	<b>2</b> FILER NAME <b>Terry A. Barber</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <b>01/04/2020</b>	<b>5</b> Payee name <b>Harbor Freight</b>
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<b>6</b> Amount (\$) <b>\$10.80</b>	<b>7</b> Payee address; City; State; Zip Code <b>1404 W. Moore Ave. Terrell, TX. 75160</b>
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Supplies for Campaign Signs</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>01/13/2020</b>	Payee name <b>Harbor Freight</b>
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Amount (\$) <b>\$5.83</b>	Payee address; City; State; Zip Code <b>1404 W. Moore Ave. Terrell, TX. 75161</b>
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Supplies for campaign signs</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>01/04/2020</b>	Payee name <b>Hobby Lobby</b>
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Amount (\$) <b>\$9.72</b>	Payee address; City; State; Zip Code <b>590 American Way Terrell, TX. 75160</b>
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Fund raiser supplies</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <b>4</b>	<b>2</b> FILER NAME <b>Terry A. Barber</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>01/08/2020</b>	<b>5</b> Payee name <b>Ables Springs Cafe</b>	
<b>6</b> Amount (\$) <b>\$16.35</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <b>28870 FM 429 Terrell, TX. 75161</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Lunch for campaign volunteers</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date <b>01/05/2020</b>	Payee name <b>Quiktrip</b>	
Amount (\$) <b>\$59.88</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>1619 SH 34 Terrell, TX. 75160</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Fuel for campaign volunteers</b>	<b>(b)</b> Description <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
Date <b>01/04/2020</b>	Payee name <b>What-A-Burger</b>	
Amount (\$) <b>\$25.25</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>1261 FM 148 Terrell, TX. 75160</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Lunch for campaign volunteers</b>	<b>(b)</b> Description <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

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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.

<b>1</b> Total pages Schedule G: <b>4</b>	<b>2</b> FILER NAME Terry A. Barber	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 01/13/2020	<b>5</b> Payee name Dairy Queen
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<b>6</b> Amount (\$) \$14.38 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 1281 FM 148 Terrell, TX. 75161
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Lunch for campaign volunteers	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 01/06/2020	Payee name Vistaprint
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Amount (\$) \$122.78 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 275 Wyman St. Waltham, MA. 02481-1200
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Car magnet campaign signs	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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