

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

<p>The C/OH Instruction Guide explains how to complete this form.</p>		<p>1 Filer ID (Ethics Commission Filers)</p>	<p>2 Total pages filed: 5</p>								
<p>3 CANDIDATE / OFFICEHOLDER NAME</p>	<p>MS / MRS / MR MR FIRST BARRY MI N.</p> <p>NICKNAME LAST SUFFIX</p> <p style="font-size: 1.5em;">JOHNSON</p>		<p style="text-align: center; font-weight: bold;">OFFICE USE ONLY</p> <p>Date Received: 8 Day of July 20 20</p> <p>Time 3:30 AM</p> <p style="text-align: center;">KATHY E. VAN WOLFE Elections Administrator McLennan County, Texas</p> <p>By [Signature] Deputy</p> <hr/> <p>Date Hand-delivered or Date Postmarked</p> <hr/> <table style="width:100%;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount \$</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>	Receipt #	Amount \$	Date Processed		Date Imaged			
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Date Processed											
Date Imaged											
<p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</p> <p><input type="checkbox"/> Change of Address</p>	<p>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE</p> <p style="font-size: 1.5em;">4008 TRICE WACO, TX 76707</p>										
<p>5 CANDIDATE / OFFICEHOLDER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION</p> <p style="font-size: 1.5em;">(214) 215-1992</p>										
<p>6 CAMPAIGN TREASURER NAME</p>	<p>MS / MRS / MR MR FIRST JAMES MI E.</p> <p>NICKNAME LAST SUFFIX</p> <p style="font-size: 1.5em;">JIM WREN III</p>										
<p>7 CAMPAIGN TREASURER ADDRESS (Residence or Business)</p>	<p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE</p> <p style="font-size: 1.5em;">1700 ROYAL OAKS DR. WACO, TX 76710</p>										
<p>8 CAMPAIGN TREASURER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION</p> <p style="font-size: 1.5em;">(254) 495-0002</p>										
<p>9 REPORT TYPE</p>	<table style="width:100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<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 \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)
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<p>10 PERIOD COVERED</p>	<p>Month Day Year Month Day Year</p> <p style="font-size: 1.5em;">1 / 1 / 2020 THROUGH 6 / 30 / 2020</p>										
<p>11 ELECTION</p>	<table style="width:100%;"> <tr> <td style="width:30%;"> <p>ELECTION DATE</p> <p>Month Day Year</p> <p style="font-size: 1.5em;">/ /</p> </td> <td style="width:70%;"> <p>ELECTION TYPE</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description</p> <p><input type="checkbox"/> General <input type="checkbox"/> Special</p> </td> </tr> </table>			<p>ELECTION DATE</p> <p>Month Day Year</p> <p style="font-size: 1.5em;">/ /</p>	<p>ELECTION TYPE</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description</p> <p><input type="checkbox"/> General <input type="checkbox"/> Special</p>						
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<p>12 OFFICE</p>	<p>OFFICE HELD (if any) OFFICE SOUGHT (if known)</p> <p style="font-size: 1.5em;">DISTRICT ATTORNEY MCLENNAN COUNTY</p>										

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 5

13 C / OH NAME

BARRY JOHNSON

14 Filer ID

15 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

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION
TOTALS

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

\$ 0.00

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

\$ 0.00

EXPENDITURE
TOTALS

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

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 0.00

CONTRIBUTION
BALANCE

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

\$ 137.35

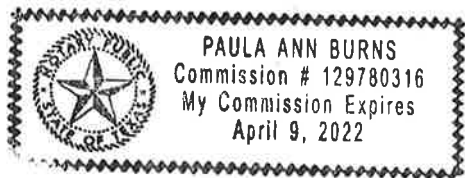
OUTSTANDING
LOAN TOTALS

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

\$ 5,000.00

17 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.



AFFIX NOTARY STAMP / SEAL ABOVE

Barry D. Johnson
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Paula Ann Burns, this the 8th day of July, 2020, to certify which, witness my hand and seal of office.

Paula Ann Burns
Signature of officer administering

Paula Ann Burns
Printed name of officer administering

OFC manager
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

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18 FILER NAME BARRY JOHNSON	19 Filer ID
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20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 0.00
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

PLEDGED CONTRIBUTIONS**SCHEDULE B****The Instruction Guide explains how to complete this form.****1** Total pages Schedule B:

Sch: 1/1 Rpt: 4/5

2 FILER NAME

BARRY JOHNSON

3 Filer ID

mwrennrf2@gmail.com

4 TOTAL OF UNITEMIZED PLEDGES

\$

0.00

5 Date**6** Full name of pledgor☐ out-of-state PAC (ID#: _____)**7** Pledgor Address; City; State; Zip Code**8** Amount of
pledge (\$)**9** In-kind description
(If applicable)☐ Check if travel outside of Texas. Complete Schedule T.**10** Principal occupation / Job title (See Instructions)**11** Employer (See Instructions)

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 5/5
2 FILER NAME BARRY JOHNSON		3 Filer ID
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)