							-
The C/OH Instruction C	Juide explains how	to complete this form.	1 Filer ID (Ethics Commission	Filers) 2	Total pages fil	ed:	1
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Tim BARKE	mi p L			USE ONLY]
	NICKNAME	Tim BARKE LAST BARKER	SUFFIX		Received	EIVE	1
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #; C	NTY; STATE; ZIP COI	DE	MAF		
5 CANDIDATE/ OFFICEHOLDER PHONE	area code (919)	PHONE NUMBER	EXTENSION			or thate Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST PAM LAST	MI SUFFIX		Processed	Amount \$	
		BARKER		Date	Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	JITE #; CITY;		STATE;	ZIP CODE]
(Residence or Business)							4
8 CAMPAIGN TREASURER PHONE	AREA CODE (979)	PHONE NUMBER	EXTENSION				
9 REPORT TYPE	January 15	30th day before el		Ē	15th day aft treasurer ap (Officeholder]
	July 15	8th day before electronic	ction Exceeded Mod Reporting Limit		Final Report	t (Attach C/OH - FR)	
10 PERIOD COVERED	Month	Day Year	THROUGH		bay Year 5 / 20		
11 ELECTION	ELECTION DA	TE Year Primary General	ELECTION Runoff Other Descr		a ratha _n Internet		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT	,			1
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTIC THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDIT MAY HAVE BEEN MADE WITHOUT TI RED TO REPORT THIS INFORMATION O	URES MADE BY	OR OFFICEHOL	DER'S KNOWLEDGE OR	
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME]
Additional Pages	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS				
		GO TO	PAGE 2				1

15 C/OH NAME			16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL PLEDGES, LOANS, OR GUARAN CONTRIBUTIONS MADE ELECTR	TEES OF LOANS, OR	N \$
S (C E I V	2. TOTAL POLITICAL CONTRIBUTION (OTHER THAN PLEDGES, LOANS) \$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL	EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDIT	URES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIO OF REPORTING PERIOD	NS MAINTAINED AS OF THE LA	ST DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF A LAST DAY OF THE REPORTING F		OF THE \$
	wear, or affirm, under penalty of perjury, that		ue and correct and includes all information
req	uired to be reported by me under Title 15, Elec	ction Code.	
		A.B.	4.
		Signature of Ca	andidate or Officeholder
INNE	Please comple	te either option below	<i>N</i> :
S JOTART	OB(/C . O		
	*		
= * 202			
(1) Affidavit	OF 1263		
· · · · · · · · · · · · · · · · · · ·	7/202111		
NOTARY STAMP/SEAL	mmm		
	T. PI		76 00 1
Sworn to and subscribed	before me by before me by before me by	er this the	25 day of March,
20 ZY, to certify	which, witness my hand and sear of office.	la Taure	ALL Plate
<u>fu</u> 11	ens (Twynet	h leves	Notary Tublic
Signature of officer administer	ring oath Printed name of officer	administering oath	Title of officer administering oat
	0	R	
(2) Unsworn Declaration	on		
My name is		, and my date of birth is	3
My address is			
	(street)	(city) ((state) (zip code) (country)
Executed in	County, State of	, on the day of	, 20
		(mont	h) (year).
		Signature of Candi	idate/Officeholder (Declarant)
		<u> </u>	

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	, K	OFFICE USE ONLY		
NAME	NICKNAME	SCHNEIDER	SUFFIX	DECEIVE		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #; C	MAR 2 7 2024			
Change of Address		De				
5 CANDIDATE/ OFFICEHOLDER PHONE	area code (979) <	PHONE NUMBER 531-9832	EXTENSION	Receipt # Amount \$		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST VICK	MI U	Date Processed		
	NICKNAME	LAST SCHNEIDER	SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	ARTAN TY 174		STATE; ZIP CODE		
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (G79) 533-2763					
9 REPORT TYPE	January 15	30th day before el	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
	July 15	8th day before ele	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Month Day Year OV/0V/2024 THROUGH 03/25/2024				
11 ELECTION	ELECTION DA	TE	ELECTION TYPE			
	Month Day	Year Primary	Runoff Other	Maria Charles		
		General	Description			
12 OFFICE	OFFICE HELD (if any)	ry council	13 OFFICE SOUGHT (if know	m)		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	S MAY HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
COMMITTEE(3)	COMMITTEE TYPE COMMITTEE NAME					
Additional Pages	GENERAL COMMITTEE ADDRESS					
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS			
		GO TO	PAGE 2			

FORM C/OH COVER SHEET PG 2

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15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	THAN \$
GEIVE	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LC	DANS) \$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF TH OF REPORTING PERIOD	HE LAST DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS LAST DAY OF THE REPORTING PERIOD	AS OF THE \$
	swear, or affirm, under penalty of perjury, that the accompanying report quired to be reported by me under Title 15, Election Code.	is true and correct and includes all information
	-E-	\leq
	Signature	of Candidate or Officeholder
1	TH TANK Places complete either ention b	
String.	Please complete either option be	elow:
(1) Affidavit		
*		
(1) Affidavit		
NOTARY STAMP/SEA		
Sworn to and subscribed	before me by <u>Steven Schneider</u> this which, witness my hand and seal of office.	s the 25 day of March
21	which, witness my hand and sgal of office.	
Full Ten	> Twyneth leves	Notory Public
Signature of officer administe		Title of officer administering oath
	OR	
(2) Unsworn Declarati	on	
My name is	, and my date of b	irth is
My address is		· • \bullet
	(street) (city)	(state) (zip code) (country)
Executed in	County, State of, on the day of	month) , 20
	Signature of (Candidate/Officeholder (Declarant)

The C/OH Instruction (Guide explains how	to complete this form.	1 Filer ID (Eth	ics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	DAVID		MI	OFFICE USE ONLY
NAME	NICKNAME	1/ou/gar	15	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX		CITY: STAT	re; ZIP CODE	D MAR 2 7 2024
5 CANDIDATE/ OFFICEHOLDER PHONE	area code (979)	PHONE NUMBER 533-2539	EXTE	ENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST		MI SUFFIX	Date Processed
		Voulgari	S		Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE∯ APT / S		anter	STATE: ZIP CODE
(Residence or Business) 8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER		INSION	
9 REPORT TYPE	January 15	30th day before e	ection	Runoff Exceeded Modified Reporting Limit	 15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	THROUGH	Month	Day Year
11 ELECTION	ELECTION DA Month Day	TE Primary	Runoff	ELECTION TYPE	CONTRACTOR OF THE CONTRACTOR
IN MARK	05/04/	COLY General	Special		
12 OFFICE	OFFICEHELD (if any)	w #4	13 OFFI		mas
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	S MAY HAVE BEEN MA	DE WITHOUT THE CAN	ADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
Additional Pages	GENERAL	COMMITTEE ADDRESS	ASURER NAME		
		COMMITTEE CAMPAIGN TR	EASURER ADDRES	s	
	an a	GO TO	PAGE 2		

15 C/OH NAME			16 Filer ID	(Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITIC PLEDGES, LOANS, OR GUAR CONTRIBUTIONS MADE ELE		THAN	6
12 V 1 2 0	2. TOTAL POLITICAL CONTR (OTHER THAN PLEDGES, LO	BUTIONS ANS, OR GUARANTEES OF LO	ANS)	s Ø
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITIC	AL EXPENDITURE.		в ()
	4. TOTAL POLITICAL EXPEN	DITURES	\$	s Ø
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBU OF REPORTING PERIOD	ITIONS MAINTAINED AS OF THE	E LAST DAY	\$ 6
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT (LAST DAY OF THE REPORTIN	OF ALL OUTSTANDING LOANS AND PERIOD	AS OF THE	5 d
	vear, or affirm, under penalty of perjury, uired to be reported by me under Title 15,		s true and correc	ct and includes all information
ALL	NETH TELEPISE COM	Signature of	GOU on Candidate or o	Officeholder
(1) Affidavit	127/2023			
NOTARY STAMP/SEAL	Minimum .		zett	Marala
21	before me by <u>David</u> Jour which, witness my hand and seal of office.	.) _	the <u>25</u> c	day of May (V),
Signature of officer administer		fficer administering oath	Tit	tle of officer administering oath
(2) Unsworn Declaratio	'n	OR		
My name in		and my data of his	th is	
My address is		, and my date of bir	ui 15	······································
My autress 15	(street)	(city)	_,, _,	code) (country)
Executed in	County, State of			
		(n	nonur)	(year)
		Signature of C	andidate/Officeho	older (Declarant)