

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="font-size: 2em; text-align: center;">10</div>		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mrs Marjorie L NICKNAME LAST SUFFIX Barnes	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE 14340 Tanglewood Dr Farmers Branch TX 75234				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (469) 878-4623				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs Janet NICKNAME LAST SUFFIX Wheeler				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS, (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE 14334 Tanglewood Dr Farmers Branch, TX 75234				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 802-7291				
9 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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH FR)				
10 PERIOD COVERED	Month Day Year Month Day Year 02 / 14 / 2024 THROUGH 03 / 26 / 2024				
11 ELECTION	ELECTION DATE Month Day Year 05 / 04 / 24	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <u>Municipal</u>			
12 OFFICE	OFFICE HELD (if any) N/A	13 OFFICE SOUGHT (if known) CFBISD School Board Trustee			
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; vertical-align: top;"> COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC </td> <td style="width:80%;"> COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS </td> </tr> </table>			COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS				
GO TO PAGE 2					

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME <u>Marjone Barnes</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES LOANS OR GUARANTEES OF LOANS OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2 TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES LOANS OR GUARANTEES OF LOANS)	\$ <u>2180.00</u>
EXPENDITURE TOTALS	3 TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4 TOTAL POLITICAL EXPENDITURES	\$ <u>1677 05</u>
CONTRIBUTION BALANCE	5 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>502 95</u>
OUTSTANDING LOAN TOTALS	6 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>1,398 12</u>

18 SIGNATURE 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

Marjone Barnes
Signature of Candidate or Officeholder

Please complete either option below

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____ 20 _____, to certify which witness my hand and seal of office

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

(2) Unsworn Declaration

My name is Marjone Barnes and my date of birth is 06/28/1987
 My address is 14340 Tanglewood Dr Farmers Branch TX 75234 DALLAS
(street) (city) (state) (zip code) (country)
 Executed in DALLAS County State of Texas on the 4 day of April 2024
(month) (year)
Marjone Barnes
 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME <i>Marjorie Barnes</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1	<input checked="" type="checkbox"/> SCHEDULE A1 MONETARY POLITICAL CONTRIBUTIONS	\$ <i>2180 00</i>
2	<input checked="" type="checkbox"/> SCHEDULE A2 NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>0</i>
3	<input checked="" type="checkbox"/> SCHEDULE B PLEDGED CONTRIBUTIONS	\$ <i>0</i>
4	<input checked="" type="checkbox"/> SCHEDULE E LOANS	\$ <i>1398.12</i>
5	<input checked="" type="checkbox"/> SCHEDULE F1 POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>1677 05</i>
6	<input checked="" type="checkbox"/> SCHEDULE F2 UNPAID INCURRED OBLIGATIONS	\$ <i>0</i>
7	<input checked="" type="checkbox"/> SCHEDULE F3 PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
8	<input checked="" type="checkbox"/> SCHEDULE F4 EXPENDITURES MADE BY CREDIT CARD	\$ <i>0</i>
9	<input checked="" type="checkbox"/> SCHEDULE G POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>0</i>
10	<input checked="" type="checkbox"/> SCHEDULE H PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>0</i>
11	<input checked="" type="checkbox"/> SCHEDULE I NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
12	<input checked="" type="checkbox"/> SCHEDULE K INTEREST CREDITS GAINS REFUNDS AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>0</i>

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report

The Instruction Guide explains how to complete this form		1 Total pages Schedule A1 4
2 FILER NAME Marjorie Barnes		3 Filer ID (Ethics Commission Filers)
4 Date 03/03/24	5 Full name of contributor <input type="checkbox"/> out of state PAC (ID# _____) Julie Bonneau	7 Amount of contribution (\$) 100 00
6 Contributor address City State Zip Code 14339 Tanglewood Dr Farmers Branch TX 75234		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/03/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nancy Williams	Amount of contribution (\$) 50 00
Contributor address City State Zip Code 2959 Amber Lane, Farmers Branch TX 75234		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/03/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lauren Anderson	Amount of contribution (\$) 50.00
Contributor address City State Zip Code 2647 Springvale Dr Farmers Branch TX 75234		
Principal occupation / Job title (See Instructions) realtor		Employer (See Instructions)
Date 03/03/24	Full name of contributor <input type="checkbox"/> out of state PAC (ID# _____) Linden Urqueta	Amount of contribution (\$) 50.00
Contributor address City State Zip Code 3009 Lavita Lane Farmers Branch TX 75234		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report

The Instruction Guide explains how to complete this form		1 Total pages Schedule A1 4
2 FILER NAME Manjone Barnes		3 Filer ID (Ethics Commission Filers)
4 Date 03/03/24	5 Full name of contributor <input type="checkbox"/> out of state PAC (ID# _____) Gunny Welch	7 Amount of contribution (\$) 25 00
6 Contributor address City State Zip Code 14132 Birchlawn Dr Farmers Branch TX 75234		
8 Principal occupation / Job title (See Instructions) teacher		9 Employer (See Instructions)
Date 03/03/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Giovanni Zavala	Amount of contribution (\$) 300 00
Contributor address City State Zip Code 2869 Millwood Cir Farmers Branch TX 75234		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/03/24	Full name of contributor <input type="checkbox"/> out of state PAC (ID# _____) Stacie Arce	Amount of contribution (\$) 125 00
Contributor address City State Zip Code 10116 Andre Dr Irving TX 75063		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/03/24	Full name of contributor <input type="checkbox"/> out of state PAC (ID# _____) Jennifer Durrett	Amount of contribution (\$) 30 00
Contributor address City State Zip Code 12950 Epps Field Rd Farmers Branch TX 75234		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form		1 Total pages Schedule A1 4
2 FILER NAME Marjorie Barnes		3 Filer ID (Ethics Commission Filers)
4 Date 03/03/24	5 Full name of contributor <input type="checkbox"/> out of state PAC (ID# _____) Jonna Willis	7 Amount of contribution (\$) 50 00
6 Contributor address City State Zip Code 29164 Selma Ln. Farmers Branch TX 75234		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/04/24	Full name of contributor <input type="checkbox"/> out of state PAC (ID# _____) Katherine Preuss	Amount of contribution (\$) 25 00
Contributor address City State Zip Code 2734 College Ave. Fort Worth TX 76110		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/06/24	Full name of contributor <input type="checkbox"/> out of state PAC (ID# _____) Jennie Phon	Amount of contribution (\$) 25 00
Contributor address City State Zip Code 13520 Tom Field Rd. Farmers Branch TX 75234		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/18/24	Full name of contributor <input type="checkbox"/> out of state PAC (ID# _____) Cara Tesla	Amount of contribution (\$) 50.00
Contributor address City State Zip Code 14506 Oakmont Dr Farmers Branch TX 75234		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report

The Instruction Guide explains how to complete this form		1 Total pages Schedule A1 4
2 FILER NAME Marjorie Barnes		3 Filer ID (Ethics Commission Filers)
4 Date 03/06/24	5 Full name of contributor <input type="checkbox"/> out of-state PAC (ID# _____) Tyler Reynolds	7 Amount of contribution (\$) 500 00
6 Contributor address 4420 French Lake Dr Ft Worth TX 76133		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 03/03/24	Full name of contributor <input type="checkbox"/> out of state PAC (ID# _____) Courtney Stone	Amount of contribution (\$) 500 00
Contributor address 2522 Leta Mae Ln Farmers Branch TX 75234		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 03/10/24	Full name of contributor <input type="checkbox"/> out of state PAC (ID# _____) Cathy Barnes	Amount of contribution (\$) 300 00
Contributor address 2116 Canyon Valley Dr Richardson TX 75080		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out of state PAC (ID# _____)	Amount of contribution (\$)
	Contributor address City State Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements

LOANS

SCHEDULE E

If the requested information is not applicable **DO NOT** include this page in the report

The Instruction Guide explains how to complete this form		1 Total pages Schedule E 1
2 FILER NAME Marjorie Barnes		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 02/29/24	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Marjorie Barnes	9 Loan Amount (\$) 1398 12
6 Is lender a financial institution? Y <input type="radio"/> N <input checked="" type="radio"/>	8 Lender address City State Zip Code 14340 Tanglewood Dr Farmers Branch TX 75234	10 Interest rate n/a
		11 Maturity date n/a
12 Principal occupation / Job title (See Instructions) Self-employed		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address City State Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address City State Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address City State Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report

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

1 Total pages Schedule F1 2	2 FILER NAME Marjorie Barnes	3 Filer ID (Ethics Commission Filers)
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4 Date 03/01/24	5 Payee name Texas Trade Graphics
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6 Amount (\$) 894 15	7 Payee address 2935 Irving, Ste 201	City Dallas	State TX	Zip Code 75247
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expenditure	(b) Description signs
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T	<input type="checkbox"/> Check if Austin TX officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/05/24	Payee name Squarespace
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Amount (\$) 38 38	Payee address 225 Varick St	City New York	State NY	Zip Code 10014
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) fees	Description Website
	<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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Date 03/06/24	Payee name Texas Trade Graphics
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Amount (\$) 599.79	Payee address 2935 Irving, Ste 201	City Dallas	State TX	Zip Code 75247
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description signs
	<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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1 2	2 FILER NAME Marjorie Barnes	3 Filer ID (Ethics Commission Filers)
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4 Date 3/17/24	5 Payee name The Home Depot
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6 Amount (\$) 86.30	7 Payee address 2800 Forest Lane,	City Dallas	State TX	Zip Code 75229
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description poles/tools for signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin TX officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/04/24	Payee name Staples
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Amount (\$) 58.43	Payee address 4400 Beltline Rd	City Addison	State TX	Zip Code 75001
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description push cards/ business cards
	<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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Date	Payee name
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Amount (\$)	Payee address	City	State	Zip Code
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PURPOSE OF EXPENDITURE	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
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