APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA PG 1

	See	1 Total pages filed:			
2	CANDIDATE NAME	MS/MRS/MR FIRST MI	OFFICE USE ONLY		
		Mr. Chad M	Filer ID #		
-		NICKNAME LAST SUFFIX Burnett	Date Received 11-03-2673		
3	CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY: STATE; ZIP CODE	Observations and administration of the same states		
		Happy TX 79042	Date Hand-delivered or Postmarked		
4	CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION	Receipt# Amount\$		
		(806) 570-4654	Date Processed		
5	OFFICE HELD (if any)	None	Date Imaged		
6	OFFICE SOUGHT (if known)	Commissioner Swisher County	Precinct 1		
7	CAMPAIGN TREASURER NAME	Mr. Chad M Barnett	LAST SUFFIX		
8	CAMPAIGN TREASURER STREET ADDRESS	STREET ADDRESS; APT / SUITE #; CITY; He ppy	STATE; ZIP CODE 79042		
is ,	(residence or business)				
9	CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (806) 570-4654			
10	CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Te	xas Government Code.		
	I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.				
	I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.				
	Chat M Brinell 10-30-2023				
		Signature of Candidate	0-30-2023 Date Signed		
		GO TO PAGE 2			

CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA PG 2

11 CANDIDATE NAME	Mr. Chad M Barnett
12 MODIFIED REPORTING DECLARATION	COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING
	•• This declaration must be filed no later than the 30th day before the first election to which the declaration applies. ••
	The modified reporting option is valid for one election cycle only. (An election cycle includes a primary election, a general election, and any related runoffs.)
	•• Candidates for the office of state chair of a political party may NOT choose modified reporting. ••
	I do not intend to accept more than \$1,010 in political contributions or make more than \$1,010 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.
	Year of election (s) or election cycle to Which declaration applies Signature of Candidate

This appointment is effective on the date it is filed with the appropriate filing authority.

which declaration applies

TEC Filers may send this form to the TEC electronically at treasappoint@ethics.state.tx.us
or mail to

Texas Ethics Commission

P.O. Box 12070

Austin, TX 78711-2070

Non-TEC Filers must file this form with the local filing authority DO NOT SEND TO TEC

For more information about where to file go to: https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics Co	ommission Filers)	2 Total page	s filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	FIRST		MI		CE USE ONLY
	NICKNAME	Burnett		SUFFIX	Date Received	8/24
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;		city; state; $\frac{1}{\sqrt{\chi}}$ 7°	ZIP CODE 7042	Election	elic Cuiller : Admindstraror ://www.ip.1922
Change of Address				0.000		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (SOL,) 5	PHONE NUMBER 70-4654	EXTENSI	ON		ered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST (had		MI	Receipt #	Amount \$
1 7 11112	NICKNAME	Bernett		SUFFIX	Date Imaged	
7 CAMPAIGN	STREET ADDRESS ((NO PO BOX PLEASE); APT / SI	UITE #; CITY;		STATE	; ZIP CODE
TREASURER ADDRESS			Happy,	TX	79042	
(Residence or Business)			117'			
8 CAMPAIGN TREASURER	REASURER					
PHONE	(DUE) 5	570-4654				
9 REPORT TYPE	January 15	30th day before e	election Run	off	treasur	y after campaign er appointment iolder Only)
	July 15	8th day before ele	oution t	eeded Modified orting Limit	Final R	eport (Altach C/OH - FR)
10 PERIOD COVERED	Month	Day Year		Month	Day	Year
	11 /	/ 03/2023	THROUGH	12 /	31 Z	023
11 ELECTION	ELECTION DA		[ELECTION TYPE		
1	Month Day	Year Primary	Runoff	Other Description		
	3/5.	24 General	Special .			Periode silver annother silver and side side and silver and side
12 OFFICE	OFFICE HELD (if any)		13 OFFICE S	SOUGHT (if known	Swishe :	- County ver President 1
14 NOTICE FROM POLITICAL THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXP THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITH CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION.			EXPENDITURES M	ADE BY POLITICAL	COMMITTEES TO SUPPORT	
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	96.6 M			
Additional Pages	GENERAL	COMMITTEE ADDRESS	- 1			
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME	*		
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS			
	I	<u> </u>	-			
		GO TO	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME						
Ch	ad Michael Barnett	er ID (Ethics Commission Filers)				
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0				
	4. TOTAL POLITICAL EXPENDITURES	\$ 0				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ O				
18 SIGNATURE I s	wear, or affirm, under penalty of perjury, that the accompanying report is true and c	correct and includes all information				
rec	uired to be reported by me under Title 15, Election Code.					
	Signature of Candidate	or Officeholder				
	Please complete either option below:					
(1) Affidavit						
(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 administer	ing oath Printed name of officer administering oath	Title of officer administering oath				
	OR					
(2) Unsworn Declaration	on	- -				
My name is	Cont	**				
My address is		71042 45				
My address is		(zip code) (country)				
Executed in	County, State of /CACS , on the 3th day of January	. 20 %*/				
	(menth)	(year)				
	Signature of Candidate/Offi	ceholder (Declarant)				
		• • • • • • • • • • • • • • • • • • • •				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Chad Michael Ba-nett 20 Filer ID (Ethics Commission)					
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT				
1. SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0				
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 6				
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0				
4. SCHEDULE E: LOANS	\$ O				
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0				
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	* O				
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ O				
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ O				
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ O				
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ O				
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0				
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>O</i>				

		CEHOLDER CEREPORT				ORM C/OH SHEET PG 1
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 NAME	MS/MRS/MR	Charl		M	OFFIC	E USE ONLY
	NICKNAME	Barnett	***************************************	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX	APT / SUITE #;	CITY: STAT	1	ED	ontgomery Iministrator
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER 570-4654	EXTE	ENSION	Dale Hand-delivere	or Pale Postmarked 5 2024
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MC NICKNAME	Chad LAST Bacnott	•••••	MI M SUFFIX	Date Processed Date Imaged	12024
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	^	яту;	STATE;	ZIP CODE 79015
(Residence or Business) 8 CAMPAIGN	AREA CODE	PHONE NUMBER		NSION		7/015
TREASURER PHONE	(806)	570-4654				
9 REPORT TYPE	January 15	30th day before e	election	Runoff		after campaign appointment er Only)
	X July 15	8th day before ele	VONUIT	Exceeded Modified Reporting Limit	Final Repo	ort (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year / 1 / 2024	THROUGH	Month /	Day Yes / 30 / 20	
11 ELECTION	Month Day 3 / 5 / 5	Year X Primary / 2024 General	Runoff Special	Other Description		
12 OFFICE	OFFICE HELD (if any)		13 OFF	CE SOUGHT (# know)) Swisher Commissioner	punty Precinct 1
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	E OF POLITICAL CONTRIBUTIONS EHOLDER. THESE EXPENDITURE I AND OFFICEHOLDERS ARE REQUI	S MAY HAVE BEEN MA	CAL EXPENDITURES N	HADE BY POLITICAL CO	MMITTEES TO SUPPORT
Je 122(e)	COMMITTEE TYPE	COMMITTEE NAME	ā			*
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME			
- 20		COMMITTEE CAMPAIGN TR	EASURER ADDRESS	s		
		GO TO	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME				16 File	er ID (Ethics Con	nmission Filers)
17 CONTRIBUTION TOTALS	PLEDGES, LOA	NIZED POLITICAL CON NS, OR GUARANTEES NS MADE ELECTRONI	S OF LOANS, OR	RTHAN	\$ 0	·
		CAL CONTRIBUTIO PLEDGES, LOANS, OR		DANS)	\$ 0	
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPE	INDITURE.		\$ 0	
*************	4. TOTAL POLITI	CAL EXPENDITURE	S	9	\$ 987	. 19
CONTRIBUTION BALANCE	5. TOTAL POLITIC OF REPORTING	AL CONTRIBUTIONS M PERIOD	MAINTAINED AS OF T	HE LAST DAY	\$ C	
OUTSTANDING LOAN TOTALS		'AL AMOUNT OF ALL O		S AS OF THE	\$ 0	
	wear, or affirm, under pena quired to be reported by me u			is true and c	orrect and include	tes all information
100	delicer to be reported by the t	ilidei Tide 13, Liecgon				
		<u> </u>		· · · · · · · · · · · · · · · · · · ·		
			Signature	of Candidate	or Officeholder	
	Die		sidhay andlan b	-1		
	rie	ase complete (ather option b	eiow:		
(1) Affidavit						
(1) Amuavic					•	
NOTARY STAMP/SEA	L					
Swom to and subscribed	before me by		th	is the	day of	
20, to certify	which, witness my hand and	seal of office.				
Signature of officer administe	oring oath Pri	nted name of officer adm	inistering oath	· · · · · ·	Title of officer a	administering oath
		OR				
(2) Unsworn Declarati	on .		Ş4			
My name is <u>Chad</u>	Barnett		, and my date of	birth is5	-26-73	
My address is			Canyon	<i>\TX</i>	79015	US.
Executed in Swisker	(street) County, State of	Texas on	(city) the 15th day of	(state)	(zip code)	(country)
and deliver in the second	county, care or	, 011	May of	(month)	(year)	
٠			Signature of	Candidate/Off	iceholder (Decla	rant)
		0.20				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	Chad Michael Barnett 20 Filer ID (Ethics Cor	mmission Filers)			
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ O			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0			
4.	SCHEDULE E: LOANS	\$ 0			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>9</i> 87.19			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	s 0			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0			

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credi Cord Brusset

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense 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 (categories as New York)

Candidate/Officeholden/Politic Credit Card Payment		s/Wages/Contract Labor	Travel Out Of District Other (enter a categor	
	The Instruction Guide explains how to	o complete this form.		
1 Total pages Schedule G:	2 FILER NAME Chad Michael Barnett		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			* 1510 1510 1510 1511
1-3-24	Sir Speedy			
6 Amount (\$) 692.66	7 Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended	416 SW 8±1	Amar. Ilo	TX	79101
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Advertising Expense	Yard sign	ک،	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check If Austin, T	X, afficeholder living e	xpense
9 Complete <u>ONLY</u> If direct expenditure to benefit C/OH	Chad Michael Barnett C	Office sought Swisher County onnissioner Pet. 1		Office held
Date	Payee name			
2-22-24	Walgreens			
Amount (\$)	Payee address;	City;	State;	Zip Code
209.53 Relimbursement from political contributions intended	5921 Hillside Rd	Amarillo	TX	79109
DUDDAAF	Category (See Categories listed at the top of this schedule)	Description		····
PURPOSE OF EXPENDITURE	Advertising Expense	Postcard n	nailer	
·	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, 1	IX, officeholder living e	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH Chad Michael Barnett (Office sought Swisher County Commissioner Pct. 1		Office held
Date 2-26-24	United States Postal Ser	vice		
Amount (\$)	Payee address;	City;	State;	Zip Code
\$5.00 Reimbursement from political contributions intended	5000 S. Western St.	Amarillo	TX	79109
PURPOSE	Category (See Categories listed at the top of this schedule)	Description		
OF EXPENDITURE	Advertising Expense	Stamps		
ļ. <u></u>	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living o	expense
Complete ONLY if direct expenditure to benefit C/OH	Chad Michael Barnett	Office sought Swisher County Commissioner Pot	1	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDE	D	

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to o	complete this form.
	Complete only if "Report Type" on page 1 i	s marked "Final Report" ••
1 C/OH	Chad Barnett	2 Filer ID (Ethics Commission Filers)
3 SIGN	IATURE	
desig	ot expect any further political contributions or political expenditures in a nating a report as a final report terminates my campaign treasurer app aign contributions or make any campaign expenditures without a camp	continuent. I also understand that I may not accept any paign treasurer appointment on file.
	*	Signature of Candidate / Officeholder
	R WHO IS NOTAN OFFICEHOLDER Implete A & B below only if you are not an officeholder. ••	
A.	CAMPAIGN FUNDS	
Ch	ck only one:	
X	I do not have unexpended contributions or unexpended interest or	income earned from political contributions.
	I have unexpended contributions or unexpended interest or income may not convert unexpended political contributions or unexpended personal use. I also understand that I must file an annual report unexpended contributions or unexpended interest or income earned filing this final report. Further, I understand that I must dispose of uninterest or income earned on political contributions in accordance we	d interest or income earned on political contributions to of unexpended contributions and that I may not retain d on political contributions longer than six years after unexpended political contributions and unexpended
B.	ASSETS	
Ch	ock only one:	
\boxtimes	I do not retain assets purchased with political contributions or interest	est or other income from political contributions.
	I do retain assets purchased with political contributions or interest of that I may not convert assets purchased with political contributions personal use. I also understand that I must dispose of assets purchased requirements of Election Code, § 254.204.	or interest or other income from political contributions to
	CEHOLDER	
C	miplete this section only if you are an officeholder ••	
	I am aware that I remain subject to filing requirements applicable to an file. I am also aware that I will be required to file reports of unexpend an officeholder, I retain political contributions, interest or other income political contributions or interest or other income from political contributions.	ed contributions if, after filing the last required report as e from political contributions, or assets purchased with
		Signature of Officeholder