CANDIDAT CAMPAIGI	FORM C/OH COVER SHEET PG 1			
The C/OH Instruction G	uide explains how to complete this form. 1 Filer ID (Ethics Commission Filers	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER	ms. Jennifer Barren	OFFICE USE ONLY		
NAME	NICKNANE LAST SUFFIX	Date Received FILED ATIOS O'CLOCK 9 M		
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX: APT / SUITE # CITY STATE ZIP CODE PO BOX 3323 Alive TX 78333	JAN 1 8 2024		
ADDRESS Change of Address		By Deputy		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (341) 389-2800	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER	MR Armando G. Barren	Receipt # Amount S		
NAME	NICKNAME LAST SUFFIX	Date Processed		
		Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #. CITY:	STATE, ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (341) 664-2224			
9 REPORT TYPE	January 15 30th day before election Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
	July 15 Sth day before election Exceeded Modified Reporting Limit	Final Report (Attach COH - FR)		
10 PERIOD COVERED	Nonth Day Year Month 12	-/31/2023		
11 ELECTION	Month Day Year Primary Runoff Other Description General Special	~		
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if kn) JUC COUNT	Maint at Law Judg		
14 NOTICE FROM POLITICAL COMMITTEES MADE BY POLITICAL COMMITTEES MADE BY POLITICAL COMMITTEES MADE BY POLITICAL COMMITTEES OR OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH				
	COMMITTEE TYPE COMMITTEE NAME			
Additional Pages	GENERAL COMMITTEE ADDRESS			
	SPECIFIC 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	mifor Barren	16 Filer ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAI PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$11,892.17			
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 11,892.17			
,	4. TOTAL POLITICAL EXPENDITURES	\$ 11,892.17			
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	ST DAY \$ 0			
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE \$ 0			
18 SIGNATURE I s	swear or affirm under panally of parium, that the accompanies are the				
ray	swear, or affirm, under penalty of perjury, that the accompanying report is tru quired to be reported by me under Title 15, Election Code.	e and correct and includes all information			
101	dones to be reported by file under fille 15, Election Code.				
	XMI	1			
	JY // // r				
	signature of Ca	andidate or Officeholder			
·					
	Please complete either option below	v:			
	·				

Leah Robyn Reynolds					
\	My Commission Expires				
(1) Affidavit 304/30/2025					
> 78 or € 0 ID No. 133076936					
NOTARY STAMP/SEA	L				
	1 .r. D	31 46			
Sworn to and subscribed	before me by Jennifer Barrera this the	Heth day of January.			
() //.		33, 31 2331 1333			
20 49 to certify	which, witness my hand and seal of office.	51.0			
_ mun 11	unwillon Leah Reynold's	Notary			
Signature of officer administe	ering oath Printed name of officer administering oath	Title of officer administering oath			
	00				
	OR				
(2) Unsworn Declarati	on				
My name is	, and my date of birth is				
,					
	(street) (city)	state) (zip code) (country)			
Executed in	County, State of, on theday of(month	, 20			
	(mont	(year)			
	Signature of Candi	date/Officeholder (Declarant)			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Cor	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	s 6
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 4,700.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	s ()
4.	SCHEDULE E: LOANS	s ()
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s ()
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	s ()
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	s ()
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	s ()
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	57,19217
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	s O
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s O
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	s O

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

TI	he Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A2:
2 FILER NAM	hifer Barren		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 4100.W
5 Date	6 Full name of contributor Dout-of-state PAC (ID#	Decision 10	8 Amount of 9 In-kind contribution Contribution \$ description
12/11/23	BUYYEM + BUYYEM, AYMAYLU & 7 Contributor address: City: State;	Zip Code	\$2,700,00 Advertising to
10 Principal acc	Eupation / Job title (FOR NON-JUDICIAL) (See Instructions)	18332	Check if travel outside offexas. Complete Schedule T.
			er (FOR NON-JUDICIAL)(See Instructions)
AHOYNE	principal occupation (FOR JUDICIAL)	13 Contribu	stor's job title (FOR JUDICIAL) (See Instructions)
BUYYEN	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		e Burren
	is a cinic, law lifth of parent(s) (if any) (FOR JUDICIAL)		
Date	Burrent Burren, Amardo E	PLINYEN	Amount of In-kind contribution Contribution \$ description
12/4/23	Contributor address: City; State;	Zip Code	TSOU. W Filing Fee tunger Democratic P Check if travel outside of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICIAL)(See Instructions)
AHOYY	principal occupation (FOR JUDICIAL)	Altu	tor's job title (FOR JUDICIAL) (See Instructions)
Barren	employer/law firm (FOR JUDICIAL) N + BUYYEN, Attorneys at Law	Law firm	of contributor's spouse (if any) (FOR JUDICIAL)
ii contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
			8
	ATTACH ADDITIONAL COPIES OF T	H IS SCHEDU	LE AS NEEDED
ı	f contributor is out-of-state PAC, please see instruction	on guide for	additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Т	he Instruction Guide explains how to complete this for	m.	1 Total pages Sche	dule A2:
2 FILER NAM	r Barren		3 Filer ID (Ethics C	ommission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
5 Date 12/8/23	6 Full name of contributor out-of-state PAC (ID#:	Zip Code	8 Amount of Contribution \$ Check if travel outser (FOR NON-JUDIC	9 In-kind contribution description 1 DOWNTWN ALIVE AMDOSSOGOS EVILLED SOUNDS ON LITTLE SOUND STREET OF THE SCHOOL TO THE SCHOOL
L AHOYN	principal occupation (FOR JUDICIAL) employer/law firm (FOR JUDICIAL)	1 1110	rney	JDICIAL) (See Instructions)
Barrenn	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	15 Law firm	BUYLLU	ise (if any) (FOR JUDICIAL)
Date	Full name of contributor	Zip Code	Amount of Contribution \$	In-kind contribution description In-kind contribution
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe		AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribut	tor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
If	ATTACH ADDITIONAL COPIES OF TI contributor is out-of-state PAC, please see Instruction	HIS SCHEDUL	EAS NEEDED	requirements.

SCHEDULE G

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment	
1 Total pages Schedule G	2 FILER NAME 2 FILER NAME 3 FILER ID (Ethics Commission Filers)
4 Date 16 9 23	5 Payee name Sams Club
6 Amount (\$) 103.36 Rein.uursement from political contributions	7 Payee address: City: State: Zip Code
intended	4833 SPID, CORPUS CHINSH TX 78411
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description (c) IPS Thunk or Treat goodies, caption
	(c) Check if travel outside of Texas Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Jennifer Burren JWC Curty Curt at Caw Julge
P2 10 123	Jennifor Barren
Amount (\$) 350. W Reimbursement from political contributions intended	Norther Bukery 1861 NTK BIVI City: State: Zip Code Alle Tr 78332
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOUR TREVERUSE CAPEUR TUROS - Meet + Great Check if ravel outside of Texas. Complete Schedule T. Check if Austin. TX. officeholder Iving expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held
Date 12 18 23	SI VUS ENCEM
Amount (\$) 245, 97 Reimbursement from political contributions intended	Payee address: City: State: Zip Code 1310 Runge Street Alice Tx 78332
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD + Bevery Lexpense Turos - Mult + 6 rect Check if travel outside of Texas. Complete Schedule Ti. Check if Lastin. TX. officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name JWC Office sought Office held JENNITER BUTTEM CULTY COWA at Law Judge
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE G

		EXPENDITURE CA	ATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment	r By ical Committee	Event Expense Fees Foot/Beverage Expense GilVAwards/Memorials Expens Legal Services The Instruction Guide ex	Loan Re Office O Polling E Printing Salaries	payment/Roimbursement vorhead/Rental Expense Expense Expense (Wages/Contract Labor	Solicitation/Fundraising Transportation Equipmo Travel In Oistrici Travel Out Of Districi Other (enter a category	ent & Related Expense
1 Total pages Schedule G:	2 FILER NAM JUNNIA	or Barren			3 Filer ID (Ethics C	commission Filers)
10/19/23	5 Payee nam	hano Gruph	rils			
Amount (\$) 490.38 political contributions intended	7 Payee add			City:	State:	Zip Code
8	(a) Category (See Categories listed at the lop of	this schedule)	(b) Description		(101)
PURPOSE OF EXPENDITURE	Advev	Tising Print	ng		heud, lahi	els
	(c) CI	neck if travel outside of Texas. Comple	He Schedule T.	Check if Austin	. TX. officeholder living expe	ense
9 Complete ONLY if direct expenditure to benefit C/OH	Candida ULNN	te / Officeholder name	UU	Office sought	0	ffice held
Date 10 23 23	Payee name	une Cybrer				
Amount (\$) Reimbursement from political contributions intended	Payee addr	Las Palmas (Circle	city;	State: 7833	Zip Code
PURPOSE OF EXPENDITURE	EVen	See Categories listed at the top of the Categories listed at the top of the Categories of Texas, Complete the Categories of Texas, Categori			rade Ballo	
Complete ONLY if direct expenditure to benefit C/O	Candidat	e / Officeholder name W BUYYEM	Ju	Office sought	Off	fice held
Dale 23 23	Payee name Wall	Λ		J		
Amount (\$) Qu A Reimbursement from political contributions intended	Payee addre	E Main Stre	let	City: Allu 7	State: 2 78332	Zip Code
PURPOSE OF EXPENDITURE	Event "	ee Categories listed at the top of the WPUSE schill travel outside of Texas, Complete		Description JUC PUYULL	TX. officeholder living expen	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		BUYTEM		Office sought COUNT CO		ice held
	ATTACI	HADDITIONAL COPIES	OF THIS SC	CHEDULE AS NEEDE	ED .	

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officehglder/Politic		Event Expense Fees Food/Beverage Expe GifVAwards/Memoria Legal Services The Instruction	als Expense	Office Ove Polling Ex Printing E Salaries/V	Expense Wages/Contract	xpense Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	pment & Re	lated Expense
1 Total pages Schedule G:	Jennif	er Barrer	n				3 Filer ID (Ethic	s Commis	sion Filers)
4 Dale 11/10 23	5 Payee nan	navo 6	sruphi	cS					
6 Amount (\$)	7 Payee add	ress;				City:	State;		Code
Reimbursement from political contributions intended		SPID				Corpu	behnsh-	TX -	18415
8 PURPOSE		See Categories listed a	il the top of this sch	redule)	(b) Descrip		1 0 1		
OF EXPENDITURE	Adver	ISINY IXI	JUUNA		sign	192	els Canls)	
	(c) C	heck if travel outside of Te:	xas. Complete Sche	dule T.	Che	eck if Austin,	TX, officeholder living	expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Jennit	V Buy (CM		we (Office sough	/	t at Luw J	Office h	eld
12/4/23	Payee nam	nune GI	ruphic!	ζ					
Amount (\$)	Payee add	ress;	1		(City;	State;	Zip	Code
Reimbursement from political contributions intended	3046	SPID			COM	pus	CMSF7	¥ 78	8415
PURPOSE	in an	(See Categories listed a	It the top of this sch	edule)	Descrip	tion			
OF EXPENDITURE	Adv	erhsing	MANDING		Yard	1 Sigv	15		
		heck if travel outside of Te:					TX afficeholder living	expense	
Complete <u>QNLY</u> if direct expenditure to benefit C/C	1 - 1	ote / Officeholder r CF BUYYEN		NC CI	Office sough	uuA	ut Law	Office h	eld 14e
Date	Payee nam								
12/13/23	light	haze 6	ruphi	25					
Amount (\$).	Payee add.	ress!			City	/:	State;	Zip Co	ode
Reimbursement from political contributions intended	*304L	o SPID			(201PU	is chust	TX	7845
PURPOSE	Category	See Categories listed at	the top of this scho	edule)	Descript	- 1			
OF EXPENDITURE	LAINE	MUSING	<u>NATANA</u>	14	lahel	5 151	gh		
		heck if travel outside of Tex	3/4 .	dule T	Che	ck if Austin.	TX, afficeholder living e	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candida	te / Officeholder r			Office sough	it .a		Office he	eld
- Delicit C/O/I	VEHINIT	er burrer	M J	MG (<u> Muniy</u>	COUYT	at Law	Jul	ge_
	ATTA	CHADDITIONAL	COPIES OF	THIS SC	CHEDULEA	SNEEDE	ĒD		3

SCHEDULE G

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politii Credil Card Payment	
1 Total pages Schedule G:	2 FILER NAME JUNNIEUR BUYYEM 3 Filer ID (Ethics Commission Filers)
12/1/23	Alio Buseball Alumni Association
6 Amount (\$)	7 Payee address; City; State; Zip Code
Reimbursement from political contributions intended	200 S Raynolds Alice Tx 78332
8	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF EXPENDITURE	EVENT EXPANSE, Advertisity Gulf Trumament Spansor
9	0
Complete ONLY if direct expenditure to benefit C/OH	Junifur Burren Jul Cany Court at Law Judge
12/29/23	Payee name All Tyme Tumbling
Amount (\$) Reimbursement from political contributions intended	Payee address: City; State; Zip Code 208 E Main St, Allu Tx 783372
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PNNMY EXPLOSE TShirts
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX. officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/C	OH JUM FOR BUYREM JUC CHINA COUNT AT LAW JULIA
12/28/23	Light home Eraphics
Amount (\$) Z	Payee address: City: State: Zip Code 3046 SPID COMPUS CMSh TX 78415
PURPOSE OF EXPENDITURE	Category (See Categories listed at the lop of this schedule) Description Signs Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Jenniter Burren Jul Cuny Cut at law Juage
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE G

	EXPENDITURE CATEGORIES FOR BOX	8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politk Credit Card Payment		Transportation Equipment & Related Expense Travel In District Travel Out Of District t Labor Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME JUNNIFER BUYYEN	3 Filer ID (Ethics Commission Filers)
12/1 23	5 Payee name Walmart	
6 Amount (\$) 14:22 Reimbursement from political contributions intended	7 Payee address: 2701 EMain Street, Alile TX -	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Descrip CUNCILL (c) Check if travel outside of Texas. Complete Schedule T.	chystmas
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office soug UNNITER BAYTEN JWC COUNTY (office held
Date 12 23	Payee name WWMAYT	
Amount (\$) 50 Reimbursement from political contributions intended	2701 E Main &, Alile TX 783	City; State; Zip Code
PURPOSE OF EXPENDITURE		Turas Tecolde Trunk or Treat
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office soug	1 A 1 .
10 24 23	Payee name Ughthouse Gruphics	
Amount (\$) Reimbursement from political contributions intended	Payer address: CI 3046 SPID COMPUS CHIRK TK	•
PURPOSE OF EXPENDITURE		otion S, Clecals eck if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sough	at law Judge
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED