

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

15 C/OH NAME Mr. Michael R. "Mike" Barre

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

- 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE NAME N.A.
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

18 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) **\$ 205.00**

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED **\$ 0.00**

4. TOTAL POLITICAL EXPENDITURES **\$ 1794.56**

CONTRIBUTION BALANCE

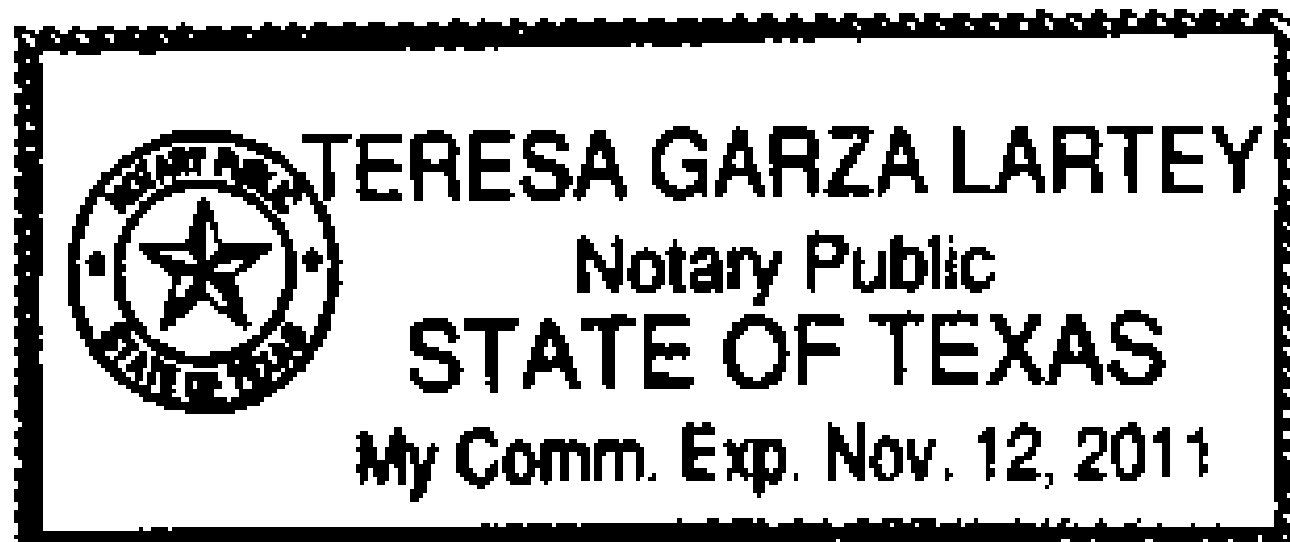
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD **\$ 205.00**

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD **\$ 2857.97**

19 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

[Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said MICHAEL R BARRE, this the 14th day of JANUARY, 2010, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

TERESA LARTEY
Printed name of officer administering oath

TUR MGR
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A 1	
2 FILER NAME Mr. Michael R. "Mike" Barre		3 ACCOUNT # (Ethics Commission files)	
4 Date 12/13/09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alfonzie Stepney 6 Contributor address; City; State; Zip Code 18100 Mammoth Cave Blvd, Pflugerville, TX 78660	7 Amount of contribution (\$) \$5.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/13/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alfonzie Stepney Contributor address; City; State; Zip Code 18100 Mammoth Cave Blvd, Pflugerville, TX 78660	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form. 1 Total pages Schedule E: **1 of 2**

2 FILER NAME **Mr. Michael R. "Mike" Barre** 3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$ N.A.

5 Date of loan 11/20/09	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Michael R. Barre	9 Loan Amount (\$) \$100.00
6 Is lender a financial institution? Y <input type="radio"/> N <input checked="" type="radio"/>	8 Lender address; City; State; Zip Code 6705 Hwy. 290 W., Ste. 502-188; A\$24.00 1735	10 Interest rate 0%
		11 Maturity date On demand

12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions)

14 Description of Collateral
 none

15 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	16 Name of guarantor 17 Guarantor address; City; State; Zip Code	18 Amount Guaranteed (\$)
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19 Principal Occupation 20 Employer

Date of loan 12/10/09	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Michael R. Barre	Loan Amount (\$) \$200.00
Is lender a financial institution? Y <input type="radio"/> N <input checked="" type="radio"/>	Lender address; City; State; Zip Code 6705 Hwy. 290 W., Ste. 502-188; Austin, TX 78735	Interest rate 0%
		Maturity date On demand

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Description of Collateral
 none

GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
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Principal Occupation Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.	1 Total pages Schedule E: 2 of 2
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2 FILER NAME Mr. Michael R. "Mike" Barre	3 ACCOUNT # (Ethics Commission filers)
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4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒	\$ N.A.
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5 Date of loan 12/11/09	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael R. Barre	9 Loan Amount (\$) \$2,000.00
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City: State: Zip Code 6705 Hwy. 290 W., Ste. 502-188; Austin, TX 78735	10 Interest rate 0%
		11 Maturity date On demand

12 Principal occupation / Job title (See Instructions)	13 Employer (See Instructions)
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14 Description of Collateral
 none

15 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	16 Name of guarantor 17 Guarantor address; City: State: Zip Code	18 Amount Guaranteed (\$)
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19 Principal Occupation	20 Employer
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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)
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Description of Collateral
 none

GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City: State: Zip Code	Amount Guaranteed (\$)
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Principal Occupation	Employer
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If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **1 of 3**

2 FILER NAME **Mr. Michael R. "Mike" Barre**

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name Office Depot	7 Amount (\$)
12/3/09	6 Payee address: City, State, Zip Code 5300 Mopac Expy. South #101, Austin, TX 78749	\$12.44

8 Purpose of payment (See instructions regarding type of information required.) Office supplies. <small>(If travel outside of Texas, complete Schedule T)</small>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date	Payee name Staples	Amount (\$)
12/4/09	Payee address: City, State, Zip Code 4301 W. William Cannon, Bldg B3, Ste. 500, Austin TX 78735	\$12.39

Purpose of payment (See instructions regarding type of information required.) Office supplies. <small>(If travel outside of Texas, complete Schedule T)</small>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date	Payee name Staples	Amount (\$)
12/6/09	Payee address: City, State, Zip Code 4301 W. William Cannon, Bldg B3, Ste. 500, Austin TX 78735	\$9.92

Purpose of payment (See instructions regarding type of information required.) Office supplies. <small>(If travel outside of Texas, complete Schedule T)</small>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date	Payee name Walmart	Amount (\$)
12/8/09	Payee address: City, State, Zip Code 5017 Us Hwy 290 West, Austin, TX 78735	\$12.93

Purpose of payment (See instructions regarding type of information required.) Office supplies. <small>(If travel outside of Texas, complete Schedule T)</small>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **2 of 3**

2 FILER NAME **Mr. Michael R. "Mike" Barre**

3 ACCOUNT # (Ethics Commission files)

4 Date 12/12/09	5 Payee name Staples 6 Payee address; City; State; Zip Code 4301 W. William Cannon, Bldg B3, Ste. 500, Austin TX 78735	7 Amount (\$) \$19.03
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8 Purpose of payment (See instructions regarding type of information required.) Office supplies. (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 12/13/09	Payee name Rita Quinn Payee address; City; State; Zip Code 3607 RR 620 N, B14, Austin, TX 78734	Amount (\$) \$100.00
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Purpose of payment (See instructions regarding type of information required.) Photography services. (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 12/15/09	Payee name Target Payee address; City; State; Zip Code 5300 S Mo Pac Expy; Austin, TX 78749	Amount (\$) \$4.98
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Purpose of payment (See instructions regarding type of information required.) Office supplies. (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 12/17/09	Payee name Office Depot Payee address; City; State; Zip Code 5300 Mopac Expy. South #101, Austin, TX 78749	Amount (\$) \$64.90
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Purpose of payment (See instructions regarding type of information required.) Office supplies. (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **3 of 3**

2 FILER NAME **Mr. Michael R. "Mike" Barre**

3 ACCOUNT # (Ethics Commission files):

4 Date
12/30/09

5 Payee name
**Travis County Republican
Primary Fund**
.....
6 Payee address: City: State: Zip Code
7901 Cameron Rd., Suite 3-202, Austin, TX 78754

7 Amount (\$)
\$1000.00

8 Purpose of payment (See instructions regarding type of information required.)
Fee to file as a candidate for Justice of the Peace in the Republican primary.
(If travel outside of Texas, complete Schedule T)

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name
.....
Payee address: City: State: Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

Payee name
.....
Payee address: City: State: Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

Payee name
.....
Payee address: City: State: Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: **1 of 2**

2 FILER NAME **Mr. Michael R. "Mike" Barre** 3 ACCOUNT # (Ethics Commission filers)

4 Date 11/12/09	5 Payee name Nelda Wells Spears, Tax Assessor-Collector 6 Payee address: City: State: Zip Code 5501 Airport Boulevard , Austin, Texas 78751	8 Amount (\$) \$24.00
	7 Purpose of expenditure (See instructions regarding type of information required.) Map of Precinct 3. (If travel outside of Texas, complete Schedule T)	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 11/13/09	Payee name Staples Payee address: City: State: Zip Code 4301 W. William Cannon, Bldg B3, Ste. 500, Austin TX 78735	Amount (\$) \$43.99
	Purpose of expenditure (See instructions regarding type of information required.) Office supplies. (If travel outside of Texas, complete Schedule T)	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 11/16/09	Payee name Postal Annex Payee address: City: State: Zip Code 6705 Hwy 290 W., Ste. 502, Austin TX 78735	Amount (\$) \$106.00
	Purpose of expenditure (See instructions regarding type of information required.) Mail box rental. (If travel outside of Texas, complete Schedule T)	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 11/20/09	Payee name Travis County Clerk Payee address: City: State: Zip Code 5501 Airport Boulevard , Austin, Texas 78751	Amount (\$) \$16.00
	Purpose of expenditure (See instructions regarding type of information required.) Filing fee for Cert. of Ownership for Barre for Texas assumed name. (If travel outside of Texas, complete Schedule T)	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 11/22/09	Payee name Office Depot Payee address: City: State: Zip Code 5300 Mopac Expy. South #101, Austin, TX 78749	Amount (\$) \$61.97
	Purpose of expenditure (See instructions regarding type of information required.) Office supplies.	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The instruction Guide explains how to complete this form.

1 Total pages Schedule G **2 of 2**

2 FILER NAME **Mr. Michael R. "Mike" Barre**

3 ACCOUNT # (Ethics Commission files)

4 Date 12/8/09	5 Payee name City of Austin 6 Payee address: City, State, Zip Code Municipal Court, PO Box 2135, Austin, TX 78768 7 Purpose of expenditure (See instructions regarding type of information required.) Parking meter at campaign event. (If travel outside of Texas, complete Schedule T)	8 Amount (\$) \$2.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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Date 12/11/09	Payee name Target Payee address: City, State, Zip Code 5300 S Mopac Expy; Austin, TX 78749 Purpose of expenditure (See instructions regarding type of information required.) Office supplies. (If travel outside of Texas, complete Schedule T)	Amount (\$) \$3.51 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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Date	Payee name Payee address: City, State, Zip Code Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
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Date	Payee name Payee address: City, State, Zip Code Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
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Date	Payee name Payee address: City, State, Zip Code Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED