

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)

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. ****

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	N.A.
<input type="checkbox"/> SPECIFIC	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)	\$ 2890.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3503.09
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3000.00

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.

Michael Barre
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Michael Barre, this the 1 day of February, 20 10, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Robert Courtney
Printed name of officer administering oath

Notary
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 of 4	
2 FILER NAME Mr. Michael R. "Mike" Barre		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1/4/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Geraldine Carlin 6 Contributor address; City; State; Zip Code PO Box 1168, Crockett, TX 75835	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 1/5/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Audrey Sikes Contributor address; City; State; Zip Code 6617 Orchard Hill Dr., Austin, TX 78739	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/7/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Matt Baca Contributor address; City; State; Zip Code 18200 West Cave Cove, Dripping Springs, TX 78620	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/11/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chris Dietz Contributor address; City; State; Zip Code 1630 North Elder Hill Rd., Driftwood, TX 78619	Amount of contribution (\$) \$75.00	In-kind contribution description (if applicable) \$75.00 payment for business cards
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/11/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joan Barre Contributor address; City; State; Zip Code 13 Seminole Dr., Bradenton, FL 34208	Amount of contribution (\$) \$180.00	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.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A 2 of 4	
2 FILER NAME Mr. Michael R. "Mike" Barre		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1/13/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Timothy Tuggey 6 Contributor address; City; State; Zip Code 2804 Rae Dell Ave., Austin, TX 78704	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 1/14/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Samuel Platt Contributor address; City; State; Zip Code 58522 Lake Road, Lacombe, LA 70445	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/14/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Laura Kendall Contributor address; City; State; Zip Code 102B Cloudview Drive, Austin, TX 78745	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/14/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Landon Tesar Contributor address; City; State; Zip Code 7813 Kincheon Court, Austin, TX 78749	Amount of contribution (\$) \$40.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/15/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Barrow Barre Contributor address; City; State; Zip Code 1901 Robinhood Trail, Austin, TX 78703	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 3 of 4	
2 FILER NAME Mr. Michael R. "Mike" Barre		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1/15/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Donald Zimmerman 6 Contributor address; City; State; Zip Code 13492 Research Blvd, Ste. 120-141, Austin, TX 78750	7 Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 1/18/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Teresa Santa Caloma Contributor address; City; State; Zip Code 2223 Octavia St., N.O., LA 70115	Amount of contribution (\$) \$25.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/19/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marianne Simonetti Contributor address; City; State; Zip Code 5646 Wagon Train Road, Austin, TX 78749	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/19/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Laura Walton Contributor address; City; State; Zip Code 8207 Gantcrest Dr., Austin, TX 78749	Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/20/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Patrick McGuiness Contributor address; City; State; Zip Code 9310 Old Lampasas Trail, Austin, TX 78750	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A 4 of 4	
2 FILER NAME Mr. Michael R. "Mike" Barre		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1/20/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Edward Korompai 6 Contributor address; City; State; Zip Code 8900 Research Park Drive, Apt. 1023, Spring, TX 77381	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 1/21/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robert Holland Contributor address; City; State; Zip Code 61 Saint Stephens School Road, Austin, TX 78746	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
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)
		(If travel outside of Texas, complete Schedule T)	
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)
		(If travel outside of Texas, complete Schedule T)	
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)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME Mr. Michael R. "Mike" Barre		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$ N.A.
5 Date of loan 1/13/10	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael R. Barre	9 Loan Amount (\$) \$700.00
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)
14 Description of Collateral <input checked="" type="checkbox"/> none		
15 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	16 Name of guarantor 17 Guarantor address; City; State; Zip Code	18 Amount Guaranteed (\$)
19 Principal Occupation		20 Employer
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		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
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
2 FILER NAME Mr. Michael R. "Mike" Barre		3 ACCOUNT # (Ethics Commission filers)
4 Date 1/8/10	5 Payee name Ampro Productions <hr/> 6 Payee address, City, State, Zip Code 7202 Smokey Hill Rd., Austin, TX 78736	7 Amount (\$) \$867.79
8 Purpose of payment (See instructions regarding type of information required.) Payment 1 of 2 for signs and name tag. (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 1/14/10	Payee name Ampro Productions <hr/> Payee address; City, State, Zip Code 7202 Smokey Hill Rd., Austin, TX 78736	Amount (\$) \$600.00
Purpose of payment (See instructions regarding type of information required.) Payment 2 of 2 for signs and name tag. (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 1/14/10	Payee name Nelda Wells Spears, Tax Assessor-Collector <hr/> Payee address; City, State, Zip Code 5501 Airport Boulevard, Austin, Texas 78751	Amount (\$) \$24.00
Purpose of payment (See instructions regarding type of information required.) Large map of Precinct 3. (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 1/20/10	Payee name Bobby Vera <hr/> Payee address; City, State, Zip Code 12118 Walnut Park Crossing #1325, Austin, TX 78753	Amount (\$) \$500.00
Purpose of payment (See instructions regarding type of information required.) Sign deployment and management. (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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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 1 of 3
2 FILER NAME Mr. Michael R. "Mike" Barre		3 ACCOUNT # (Ethics Commission filers)
4 Date 1/2/10	5 Payee name The Go Daddy Group, Inc. 6 Payee address; City; State; Zip Code 14455 N. Hayden Rd., Suite 219, Scottsdale, AZ 85260	8 Amount (\$) \$79.52
7 Purpose of expenditure (See instructions regarding type of information required.) Website domain and 12 months of hosting. (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 1/9/10	Payee name Fizbin Photography Payee address; City; State; Zip Code 1630 North Elder Hill Rd., Driftwood, TX 78619	Amount (\$) \$293.18
Purpose of expenditure (See instructions regarding type of information required.) Postcards for the campaign. (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 1/11/10	Payee name National Center for Constitutional Studies Payee address; City; State; Zip Code 37777 W. Juniper Rd., Malta, ID 83342	Amount (\$) \$90.00
Purpose of expenditure (See instructions regarding type of information required.) Pocket Constitutions. (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 1/11/10	Payee name Fizbin Photography Payee address; City; State; Zip Code 1630 North Elder Hill Rd., Driftwood, TX 78619	Amount (\$) \$32.00
Purpose of expenditure (See instructions regarding type of information required.) Business cards. (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 1/14/10	Payee name McCoy's Building Supply Payee address; City; State; Zip Code 1181 Hwy. 290 W., Dripping Springs, TX 78620	Amount (\$) \$335.96
Purpose of expenditure (See instructions regarding type of information required.) Supplies for planting signs.		<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 3
2 FILER NAME Mr. Michael R. "Mike" Barre		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name McCoy's Building Supply	8 Amount (\$)
1/14/10	6 Payee address; City; State; Zip Code 1181 Hwy. 290 W., Dripping Springs, TX 78620	\$17.84
	7 Purpose of expenditure (See instructions regarding type of information required.) Supplies for planting signs. (If travel outside of Texas, complete Schedule T)	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Home Depot	Amount (\$)
1/14/10	Payee address; City; State; Zip Code 1200 Home Depot Blvd., Sunset Valle, TX 78745	\$4.25
	Purpose of expenditure (See instructions regarding type of information required.) Supplies for planting signs. (If travel outside of Texas, complete Schedule T)	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Craig O's Pizza	Amount (\$)
1/14/10	Payee address; City; State; Zip Code 4970 W. Hwy. 290, Austin, TX 78735	\$80.85
	Purpose of expenditure (See instructions regarding type of information required.) Fundraising dinner. (If travel outside of Texas, complete Schedule T)	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Bobby Vera	Amount (\$)
1/16/10	Payee address; City; State; Zip Code 12118 Walnut Park Crossing #1325, Austin, TX 78753	\$500.00
	Purpose of expenditure (See instructions regarding type of information required.) Sign deployment and management. (If travel outside of Texas, complete Schedule T)	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Unity Church of Austin	Amount (\$)
1/17/10	Payee address; City; State; Zip Code 5501 W. Hwy. 290, Austin, TX 78749	\$30.00
	Purpose of expenditure (See instructions regarding type of information required.) Display space at the Mind Body Spirit Workshop. (If travel outside of Texas, complete Schedule T)	<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 3 of 3
2 FILER NAME Mr. Michael R. "Mike" Barre		3 ACCOUNT # (Ethics Commission filers)
4 Date 1/17/10	5 Payee name Office Depot <hr style="border-top: 1px dashed black;"/> 6 Payee address; City; State; Zip Code 5300 Mopac Expy. South #101, Austin, TX 78749 <hr/> 7 Purpose of expenditure (See instructions regarding type of information required.) Office supplies. (If travel outside of Texas, complete Schedule T)	8 Amount (\$) \$6.13 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 1/21/10	Payee name US Postal Service <hr style="border-top: 1px dashed black;"/> Payee address; City; State; Zip Code 6104 Old Fredericksburg Road, Austin, TX 78749 <hr/> Purpose of expenditure (See instructions regarding type of information required.) Postage stamps. (If travel outside of Texas, complete Schedule T)	Amount (\$) \$21.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 1/21/10	Payee name Oak Hill Printing <hr style="border-top: 1px dashed black;"/> Payee address; City; State; Zip Code 6112 W. Hwy. 290, Austin, TX 78735 <hr/> Purpose of expenditure (See instructions regarding type of information required.) Pre-inked stamp. (If travel outside of Texas, complete Schedule T)	Amount (\$) \$20.57 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name <hr style="border-top: 1px dashed black;"/> Payee address; City; State; Zip Code <hr/> 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
Date	Payee name <hr style="border-top: 1px dashed black;"/> Payee address; City; State; Zip Code <hr/> 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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