

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 7301	2 Total pages filed: 8
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Michael R.	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date imaged	
	NICKNAME LAST SUFFIX "Mike" Barre		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE 6705 Hwy. 290 W., Ste. 502-188; Austin, TX 78735		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 689-9380		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Michael R.		
	NICKNAME LAST SUFFIX "Mike" Barre		
7 CAMPAIGN TREASURER ADDRESS <i>(Residence or business)</i>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE # CITY STATE ZIP CODE 6705 Hwy. 290 W., Ste. 502-188; Austin, TX 78735		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 689-9380		
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 \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 01/22/2010 THROUGH 02/20/2010		
11 ELECTION	ELECTION DATE Month Day Year 03/02/2010	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
	12 OFFICE OFFICE HELD (if any) N.A.	13 OFFICE SOUGHT (if known) Justice of the Peace, Travis County Precinct 3	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **		
	Name N.A.		
	Address / PO Box, Apt. / Suite #, City, State, Zip Code		

GO TO PAGE 2

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
 GENERAL
 SPECIFIC

COMMITTEE NAME

N.A.

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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) \$ 1175.00

EXPENDITURE TOTALS

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

4. TOTAL POLITICAL EXPENDITURES \$ 2932.65

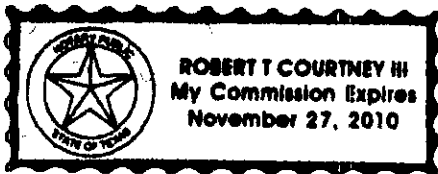
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 1795.70

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 3100.00

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 22 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 1	
2 FILER NAME Mr. Michael R. "Mike" Barre		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1/23/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gordon Walton 6 Contributor address; City; State; Zip Code 8207 Ganttcrest Dr., Austin, TX 78749	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
Date 2/8/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michael Barrilleaux Contributor address; City; State; Zip Code 5324 Pitt St., New Orleans, LA 70115	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
Date 2/11/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Peter Berardino Contributor address; City; State; Zip Code 5512 Esquel Cove, Austin, TX 78739	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
Date 2/17/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Liberty PAC Contributor address; City; State; Zip Code PO Box 602, Lake Jackson, TX 77566	Amount of contribution (\$) \$1000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
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)	
(If travel outside of Texas, complete Schedule T)			

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
2 FILER NAME Mr. Michael R. "Mike" Barre		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$ N.A.
5 Date of loan 2/1/10	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 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
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 1 of 2
2 FILER NAME Mr. Michael R. "Mike" Barre		3 ACCOUNT # (Ethics Commission filers)
4 Date 1/23/10	5 Payee name Office Max 6 Payee address; City; State; Zip Code 5400 Brodie Lane, Austin, TX 78745	7 Amount (\$) \$35.97
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
Date 1/26/10	Payee name US Postal Service Payee address; City; State; Zip Code 6104 Old Fredericksburg Road, Austin, TX 78749	Amount (\$) \$15.60
Purpose of payment (See instructions regarding type of information required.) Postage stamps. (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 1/28/10	Payee name Lake Travis Republican Club Payee address; City; State; Zip Code PO Box 340327, Austin, TX 78734	Amount (\$) \$15.00
Purpose of payment (See instructions regarding type of information required.) Luncheon reservation. (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 1/28/10	Payee name Hill Country Republican Women Payee address; City; State; Zip Code 7202 Smoky Hill Drive; Austin, TX 78736	Amount (\$) \$15.00
Purpose of payment (See instructions regarding type of information required.) Dues for 2010. (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

SCHEDULE F

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

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

4 Date 2/1/10	5 Payee name Lake Austin Commons ----- 6 Payee address; City; State; Zip Code PO Box 684548, Austin, TX 78768	7 Amount (\$) \$641.74
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8 Purpose of payment (See instructions regarding type of information required.) Repairs to sign-damaged garage. (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 2/15/10	Payee name Oak Hill Printing ----- Payee address; City; State; Zip Code 6112 Hwy 290 West, Austin, TX 78735	Amount (\$) \$1500.00
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Purpose of payment (See instructions regarding type of information required.) Printing and postage for mailer. (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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Date	Payee name ----- Payee address; City; State; Zip Code	Amount (\$)
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Purpose of payment (See instructions regarding type of information required.) (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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Date	Payee name ----- Payee address; City; State; Zip Code	Amount (\$)
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Purpose of payment (See instructions regarding type of information required.) (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 2
2 FILER NAME Mr. Michael R. "Mike" Barre		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name One Price Cleaners 6 Payee address; City; State; Zip Code 6705 Hwy. 290 W., Austin, TX 78735	8 Amount (\$) \$17.88
1/22/10	7 Purpose of expenditure (See instructions regarding type of information required.) Cleaning. (If travel outside of Texas, complete Schedule T)	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Republican Club of Austin Payee address; City; State; Zip Code 401 W. 15th Street, Suite 850, Austin, Texas 78701	Amount (\$) \$20.00
2/2/10	Purpose of expenditure (See instructions regarding type of information required.) Candidate forum and luncheon. (If travel outside of Texas, complete Schedule T)	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Joe's Crab Shack Payee address; City; State; Zip Code 600 East Riverside, Austin, TX 78704	Amount (\$) \$14.08
2/2/10	Purpose of expenditure (See instructions regarding type of information required.) Austin Townhall Conservatives meeting and dinner. (If travel outside of Texas, complete Schedule T)	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name One Price Cleaners Payee address; City; State; Zip Code 6705 Hwy. 290 W., Austin, TX 78735	Amount (\$) \$8.49
2/11/10	Purpose of expenditure (See instructions regarding type of information required.) Cleaning. (If travel outside of Texas, complete Schedule T)	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Bagpipes Pub Payee address; City; State; Zip Code 9070 Research Blvd, Ste. 101, Austin, TX 78758	Amount (\$) \$35.81
2/12/10	Purpose of expenditure (See instructions regarding type of information required.) TCRLC judicial candidate forum and dinner.	<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 filers)
4 Date	5 Payee name Oak Hill Printing	8 Amount (\$)
2/15/10	6 Payee address: City: State; Zip Code 6112 W. Hwy. 290, Austin, TX 78735	\$598.21
	7 Purpose of expenditure (See instructions regarding type of information required.) Printing and postage for campaign mailer. <small>(If travel outside of Texas, complete Schedule T)</small>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Staples	Amount (\$)
2/16/10	Payee address: City: State; Zip Code 4301 W. William Cannon, Bldg B3, Ste. 500, Austin TX 78735	\$5.40
	Purpose of expenditure (See instructions regarding type of information required.) Office supplies. <small>(If travel outside of Texas, complete Schedule T)</small>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name One Price Cleaners	Amount (\$)
2/17/10	Payee address: City: State; Zip Code 6705 Hwy. 290 W., Austin, TX 78735	\$9.47
	Purpose of expenditure (See instructions regarding type of information required.) Cleaning. <small>(If travel outside of Texas, complete Schedule T)</small>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
	Payee address: City: State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
	Payee address: City: State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	<input type="checkbox"/> Reimbursement from political contributions intended

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