

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID	2 Total pages filed: 8
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Aubrey	MI Wayne
	NICKNAME	LAST Barrett	SUFFIX Jr.
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE
	780 Elkins Lk		
	1845 Rollingwood Dr		
	Huntsville, TX 77340		
Date Received: <i>HW</i> 10/26/15 Date Being delivered or Date Postmarked: <i>HW</i> 10/26/15 Receipt # / Amount: Date Processed: <i>HW</i> 10/26/15 Date Filed: <i>HW</i> 10/26/15			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Melissa	MI
	NICKNAME	LAST Green	SUFFIX
6 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #; CITY; STATE; ZIP CODE
	612 Hickory St.		Huntsville TX 77320
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	225	276 - 8536	
8 REPORT TYPE	<input type="checkbox"/> January 15 <input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	09/25/2015		10/24/2015
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
	11/03/2015		
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)
			Mayor of Huntsville TX

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

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

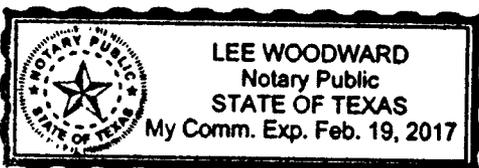
2 of 8

13 C / OH NAME Barrett, Aubrey	14 Filer ID
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> 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.	
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 25.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,675.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 111.24
	4.	TOTAL POLITICAL EXPENDITURES	\$ 1,933.40
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,926.03
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 AFFADAVIT



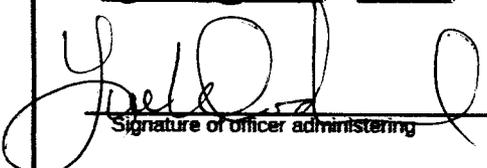
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Wayne Barrett, this the 26th day of October, 2015, to certify which, witness my hand and seal of office.



 Signature of officer administering

Lee Woodward

 Printed name of officer administering

City Secretary

 Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

3 of 8

18 FILER NAME Barrett, Aubrey	19 Filer ID
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20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	2,675.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	1,933.40
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/3 Rpt: 4/8
2 FILER NAME Barrett, Aubrey		3 Filer ID
4 Date 10/09/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradley, J. H.	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 1116 Banks St Ste. 3 Houston, TX 77006-6145		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/21/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charlie's Used Cars	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 230 IH 45 S Huntsville, TX 77340		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gillikin Jr., Lemuel	Amount of Contribution (\$) \$300.00
Contributor address; City; State; Zip Code 84 Spring Circle Dr. Huntsville, TX 77320-1896		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/25/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammock, Juanita (Mrs.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 119 Elkins Lk Huntsville, TX 77340		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnston, James	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2805 Lake Road #609 Huntsville, TX 77340-5691		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/3 Rpt: 5/8
2 FILER NAME Barrett, Aubrey		3 Filer ID
4 Date 10/09/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathews, Don	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code 1213 IH 45 N Huntsville, TX 77320-1148		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/21/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nethery, Cynthia	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 209 Elmwood Huntsville, TX 77320		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oats, Michelle	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code 309 Elkins Lk Huntsville, TX 77340		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherman, Jacob	Amount of Contribution (\$) \$400.00
Contributor address; City; State; Zip Code 1026 Elkins Lk Huntsville, TX 77340		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strickland, John	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code 2109 Avenue O Huntsville, TX 77340-5025		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/3 Rpt: 6/8
2 FILER NAME Barrett, Aubrey		3 Filer ID
4 Date 09/28/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Styles, Mary	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 235 Elkins Lk Huntsville, TX 77340		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/09/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thrall, Richard	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 124 Willowbend St Huntsville, TX 77320		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/28/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welch, Walter (Mrs.)	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 1153 Elkins Lk Huntsville, TX 77340		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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 (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/2 Rpt: 7/8		2 FILER NAME Barrett, Aubrey		3 Filer ID
4 Date 10/01/2015		5 Payee name First Financial Bank		
6 Amount (\$) \$3.00		7 Payee address; City; State; Zip Code 33 SH 75 Huntsville, TX 77320		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Paper statement fee	
9 Complete ONLY if direct expenditure to benefit C/OH				
Date 09/25/2015		Candidate/Officeholder name Interactive Digital Media		
Amount (\$) \$400.00		Office sought Office held		
Date 09/25/2015		Payee name Interactive Digital Media		
Amount (\$) \$400.00		Payee address; City; State; Zip Code 10 Jones View Rd Huntsville, TX 77320		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital screen advertising in commercial establishments.	
Complete ONLY if direct expenditure to benefit C/OH				
Date 10/05/2015		Candidate/Officeholder name The Home Depot		
Amount (\$) \$122.16		Office sought Office held		
Date 10/05/2015		Payee name The Home Depot		
Amount (\$) \$122.16		Payee address; City; State; Zip Code 215 IH 45 N Huntsville, TX 77320		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for posting signs	
Complete ONLY if direct expenditure to benefit C/OH				

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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 (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/2 Rpt: 8/8		2 FILER NAME Barrett, Aubrey		3 Filer ID
4 Date 10/13/2015		5 Payee name The Huntsville Item		
6 Amount (\$) \$1,097.00		7 Payee address; City; State; Zip Code 1409 10th St Huntsville, TX 77320		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper ad	
9 Complete ONLY if direct expenditure to benefit C/OH				
Date 09/29/2015		Candidate/Officeholder name Walker County Republican Women PAC		
Amount (\$) \$200.00		Office sought Office held		
Date 09/29/2015		Payee name Walker County Republican Women PAC		
Amount (\$) \$200.00		Payee address; City; State; Zip Code P. O. Box 7394 Huntsville, TX 77342		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Table sponsorship at Kris Paronto event	
Complete ONLY if direct expenditure to benefit C/OH				
Candidate/Officeholder name Office sought Office held				