

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID (Ethics Commission Filers)</b>	<b>2 Total pages filed:</b> <div style="text-align: center; font-size: 24pt;">10</div>	
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR <b>Mr</b>	FIRST <b>Dustin</b>	MI <b>L</b>	<b>OFFICE USE ONLY</b>  <div style="font-size: 24pt; font-family: cursive;">Received 1/2/22</div>
	NICKNAME <b>Dusty</b>	LAST <b>Barton</b>	SUFFIX	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>  Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>5329 Saddle Ridge Trl San Angelo, Texas 76904</b>			
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE <b>( 325 )</b>	PHONE NUMBER <b>340-0569</b>	EXTENSION	
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR <b>Ms</b>	FIRST <b>Macy</b>	MI <b>N</b>	Date Received
	NICKNAME <b>McNutt</b>	LAST	SUFFIX	Date Hand-delivered or Date Postmarked
<b>7 CAMPAIGN TREASURER ADDRESS</b>  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>17365 U.S. Hwy 277 S Christoval, Texas 76935</b>			Receipt #
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE <b>( 325 )</b>	PHONE NUMBER <b>245-8053</b>	EXTENSION	Amount \$
<b>9 REPORT TYPE</b>	<input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
<b>10 PERIOD COVERED</b>	Month <b>7</b>	Day <b>1</b>	Year <b>21</b>	THROUGH
<b>11 ELECTION</b>	ELECTION DATE Month Day Year <b>3 / 1 / 22</b>		ELECTION TYPE <input checked="" type="checkbox"/> Primary     Runoff     Other Description <input type="checkbox"/> General     Special     _____	
<b>12 OFFICE</b>	OFFICE HELD (if any)		<b>13 OFFICE SOUGHT (if known)</b> <b>Tom Green County Commissioner Precinct 4</b>	
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>  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		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
	COMMITTEE CAMPAIGN TREASURER ADDRESS			

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

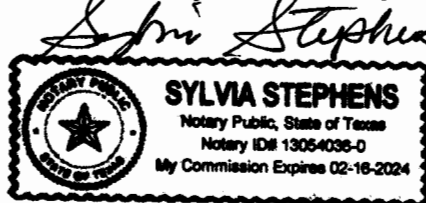
<b>15 C/OH NAME</b> Dustin Barton		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 400.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,877.27
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

**18 SIGNATURE** 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.

*Dustin L. Barton*

Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Dustin L. Barton this the 12<sup>th</sup> day of January, 2022, to certify which, witness my hand and seal of office.

Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

Dustin Barton

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 400.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1,756.51
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1,120.76
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1
2 FILER NAME Dustin Barton		3 Filer ID (Ethics Commission Filers)
4 Date 07/17/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Eail Gregston 6 Contributor address; City; State; Zip Code P.O. Box 143 Knickerbocker, Texas 76934	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 11/07/2021	Full name of contributor out-of-state PAC (ID#: _____) Lewis and Barbara Barton Contributor address; City; State; Zip Code P.O. Box 6 Knickerbocker, Texas 76939	Amount of contribution (\$) <b>300.00</b>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: 3	<b>2</b> FILER NAME Dustin Barton	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 1,179.53
<b>5</b> Date 10/26/2021	<b>6</b> Payee name RNHA (Sam Gomez)	
<b>7</b> Amount (\$) 300.00	<b>8</b> Payee address; City; State; Zip Code 3636 N. Bryant San Angelo, Texas 76901	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description Contributed funds to Back the Badge
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>11</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/02/2021	Payee name Rangel Printing	
Amount (\$) 879.53	Payee address; City; State; Zip Code 1502 W. Beauregard San Angelo, Texas 76901	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description 50 Yard Signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: 3	<b>2</b> FILER NAME Dustin Barton	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<b>\$ 102.84</b>
<b>5</b> Date 11/07/2021	<b>6</b> Payee name Walgreens	
<b>7</b> Amount (\$) <b>12.99</b>	<b>8</b> Payee address; City; State; Zip Code 2828 N Bryant Blvd San Angelo, Texas 76903	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Photos of Campaign Sign
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float: right;">Check if Austin, TX, officeholder living expense</span>	
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float: right;">Office held</span>
Date 11/30/2021	Payee name Build A Sign	
Amount (\$) <b>89.85</b>	Payee address; City; State; Zip Code 11525a Stonehollow Dr. #100 Ausin, Texas 78758	
<b>TYPE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description 100 Yard Sign Hucks
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float: right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float: right;">Office held</span>

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# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 10(a)

- |                                                                               |                               |                                |                                            |
|-------------------------------------------------------------------------------|-------------------------------|--------------------------------|--------------------------------------------|
| Advertising Expense                                                           | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                                                            | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                                                            | Food/Beverage Expense         | Printing Expense               | Travel In District                         |
| Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor  | Travel Out Of District                     |
|                                                                               | Legal Services                |                                | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: 3	<b>2</b> FILER NAME Dustin Barton	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<b>\$ 474.14</b>
<b>5</b> Date 11/30/2021	<b>6</b> Payee name Build a Sign	
<b>7</b> Amount (\$) <b>474.14</b>	<b>8</b> Payee address; City; State; Zip Code 11525a Stonehollow Dr. #100 Ausin, Texas 78758	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description 100 Yard Signs
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float: right;">Check if Austin, TX, officeholder living expense</span>	
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float: right;">Office held</span>
<b>Date</b>	<b>Payee name</b>	
<b>Amount (\$)</b>	<b>Payee address; City; State; Zip Code</b>	
<b>TYPE OF EXPENDITURE</b>	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)	<b>Description</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float: right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float: right;">Office held</span>

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: 3	<b>2</b> FILER NAME Dustin Barton	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 07/15/2021	<b>5</b> Payee name Walmart	
<b>6</b> Amount (\$) 17.01 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 5501 Sherwood Way San Angelo, Texas 76904	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Other	<b>(b)</b> Description Planner/DeskPad
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 07/18/2021	Payee name Walmart	
Amount (\$) 5.39 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 5501 Sherwood Way San Angelo, Texas 76904	
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Thank you cards
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 07/19/2021	Payee name Golden Corral	
Amount (\$) 2.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 4387 W Houston Harte Expy San Angelo, Texas 76901	
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Political Meeting
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: 3	<b>2</b> FILER NAME Dustin Barton	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 07/21/2021	<b>5</b> Payee name Harland Clarke	
<b>6</b> Amount (\$) 19.35 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 15955 La Cantera Parkway San Antonio, Texas 78256	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description Ordered Checks for Campaign Account
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 08/18/2021	Payee name Miss Hatties Cafe & Saloon	
Amount (\$) 13.01 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 26 East Concho San Angelo, Texas 76903	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Political Meeting
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 11/15/2021	Payee name Walgreens	
Amount (\$) 13.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 12 N Abe St San Angelo, Texas 76903	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Photos of Campaign Sign
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

### 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.

<b>1</b> Total pages Schedule G: 3	<b>2</b> FILER NAME Dustin Barton	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11/17/2021	<b>5</b> Payee name Tom Green County Republican Party	
<b>6</b> Amount (\$) 750.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 2525 Johnson St Suite A, San Angelo, TX 76904	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description Candidate Filing
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/24/2021	Payee name Capital One	
Amount (\$) 300.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 30285, Salt Lake City, Utah 84130	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description Payment for Contribution to Back the Badge
	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	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)  Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	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	Candidate / Officeholder name	Office sought Office held

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