

# 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 (Ethics Commission Filers)	2 Total pages filed: <del>6</del> <b>8</b>
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR                      FIRST                      MI <b>Ms.</b> <b>Olivia</b> <b>B</b> <hr style="border-top: 1px dotted black;"/> NICKNAME                      LAST                      SUFFIX <b>Barnard</b>	<b>OFFICE USE ONLY</b>	
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;                      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE <b>715 Emma Loop                      Austin TX 78737</b>	Date Received	
<b>5</b> CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION <b>( 512 )                      848-7266</b>	Date Hand-delivered or Date Postmarked	
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR                      FIRST                      MI <b>Aaron</b> <b></b> <hr style="border-top: 1px dotted black;"/> NICKNAME                      LAST                      SUFFIX <b>Buzali</b>	Receipt #	Amount \$
<b>7</b> CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);                      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE <b>441 Call Drive, Austin TX 78737</b>		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION <b>( 646-255-6028</b>		
<b>9</b> 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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10</b> PERIOD COVERED	Month                      Day                      Year                      THROUGH                      Month                      Day                      Year <b>4 / 3 / 2025                      THROUGH                      4 / 25 / 2025</b>		
<b>11</b> ELECTION	ELECTION DATE Month                      Day                      Year <b>5 / 3 / 2025</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12</b> OFFICE	OFFICE HELD (if any) <b>Trustee</b>	<b>13</b> OFFICE SOUGHT (if known) <b>Trustee</b>	
<b>14</b> 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 NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b>		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1090.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2707.81
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

**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.

\_\_\_\_\_  
Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP/SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, 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 Olivia Barnard, and my date of birth [REDACTED]  
 My address is 715 Emma Loop Austin TX 78737 USA  
(street) (city) (state) (zip code) (country)  
 Executed in Hays County, State of Texas, on the 25 day of April, 2025  
(month) (year)  
 \_\_\_\_\_  
 Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1090.00
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 type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 2707.81
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	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: <b>3</b>
2 FILER NAME <b>Olivia Barnard</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/05/2025</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Landon Ross</b> 6 Contributor address; City; State; Zip Code <b>268 Margaret Cir, Austin, TX 78737-1465</b>	7 Amount of contribution (\$)  <b>\$100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4/6/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Chance Justice</b> Contributor address; City; State; Zip Code <b>337 Mary Elise Way, Austin, TX 78737</b>	Amount of contribution (\$)  <b>\$50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/7/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Joshua Bettridge</b> Contributor address; City; State; Zip Code <b>1693 Grassy Field Rd, Austin, TX 78737</b>	Amount of contribution (\$)  <b>\$75.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/8/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Nancy Ross</b> Contributor address; City; State; Zip Code <b>3642 Savannah Highway, Johns Island, SC 29945</b>	Amount of contribution (\$)  <b>\$250.00</b>
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.		

# 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: <b>3</b>
2 FILER NAME <p style="text-align: center;">Olivia Barnard</p>		3 Filer ID (Ethics Commission Filers)
4 Date <p style="text-align: center;">4/8/2025</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Carter Kupper</p> <hr/> 6 Contributor address; City; State; Zip Code <p style="text-align: center;">306 N Hayes St, Mount Ayr, IA 50854</p>	7 Amount of contribution (\$)  <p style="text-align: center;">\$25.00</p>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <p style="text-align: center;">4/11/2025</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Bruce Byron</p> <hr/> Contributor address; City; State; Zip Code <p style="text-align: center;">1747 Headwaters Blvd, Dripping Springs, TX 78620</p>	Amount of contribution (\$)  <p style="text-align: center;">\$150.00</p>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <p style="text-align: center;">4/16/2025</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Jackie Alvarez</p> <hr/> Contributor address; City; State; Zip Code <p style="text-align: center;">289 Adam Ct, Austin, TX 78737</p>	Amount of contribution (\$)  <p style="text-align: center;">\$100.00</p>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <p style="text-align: center;">3/30/2025</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Priscilla or Gerald E O'Shaughnessy</p> <hr/> Contributor address; City; State; Zip Code <p style="text-align: center;">851 N Tara Lane, Wichita, KS 67206</p>	Amount of contribution (\$)  <p style="text-align: center;">\$300.00</p>
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.		

# 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.		<b>1</b> Total pages Schedule A1: <b>3</b>
<b>2</b> FILER NAME Olivia Barnard		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/16/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olivia Barnard	<b>7</b> Amount of contribution (\$)  40.00
<b>6</b> Contributor address; City; State; Zip Code 715 Emma Loop Austin TX 78737		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)

  

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

  

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

  

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

<b>1 TOTAL PAGES SCHEDULE F4:</b> 2	<b>2 FILER NAME</b> Olivia Barnard	<b>3 FILER ID (Ethics Commission Filers)</b>
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<b>4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD</b>	\$ 2707.81
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<b>5 CREDIT CARD ISSUER</b> Visa	Name of financial institution Visa
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<b>6 PAYMENT</b>	(a) Amount Charged \$ 1456.75	(b) Date Expenditure Charged 4/9/2025	(c) Date(s) Credit Card Issuer Paid 4/9/2025
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<b>7 PAYEE</b>	(a) Payee name Grapevine Signs	(b) Payee address; City, State, Zip Code 22 hwy 290 dripping springs tx 78620
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<b>8 PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) marketing	(b) Description signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office Sought	Office Held
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<b>PAYMENT</b>	(a) Amount Charged \$ 436.56	(b) Date Expenditure Charged 4/15/2025	(c) Date(s) Credit Card Issuer Paid 4/15/2025
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<b>PAYEE</b>	(a) Payee name Dannys Ice Cream Truck Austin LLC	(b) Payee address; City, State, Zip Code 12668 Claremont Cir, Del Valle, TX 78617
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<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) marketing	(b) Description Free ice cream for community awareness
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office Sought	Office Held
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<b>PAYMENT</b>	(a) Amount Charged \$ 514.50	(b) Date Expenditure Charged 4/18/2025	(c) Date(s) Credit Card Issuer Paid 4/16/2025
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<b>PAYEE</b>	(a) Payee name Propelr Media (Christina Smith)	(b) Payee address; City, State, Zip Code Austin, TX
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<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) marketing	(b) Description Campaign Video
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office Sought	Office Held
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# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

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### 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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

<b>1 TOTAL PAGES SCHEDULE F4:</b>	<b>2</b>	<b>2 FILER NAME</b> Olivia Barnard		<b>3 FILER ID (Ethics Commission Filers)</b>
<b>4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD</b>			\$ 2707.81	
<b>5 CREDIT CARD ISSUER</b>	Name of financial institution Visa			
<b>6 PAYMENT</b>	(a) Amount Charged \$ 300	(b) Date Expenditure Charged 4/23/2025	(c) Date(s) Credit Card Issuer Paid 4/25/2025	
<b>7 PAYEE</b>	(a) Payee name Emma Mitchen	(b) Payee address; City, State, Zip Code 2902 Yarmouth Dr W, Bradenton FL 34205		
<b>8 PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Marketing		(b) Description social media graphics	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office Sought	Office Held	
<b>PAYMENT</b>	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid	
<b>PAYEE</b>	(a) Payee name	(b) Payee address; City, State, Zip Code		
<b>PURPOSE OF EXPENDITURE</b> <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office Sought	Office Held	
<b>PAYMENT</b>	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid	
<b>PAYEE</b>	(a) Payee name	(b) Payee address; City, State, Zip Code		
<b>PURPOSE OF EXPENDITURE</b> <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office Sought	Office Held	

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