CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 10 MS / MRS / MR 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER Dustin** NAME Date Received NICKNAME LAST SUFFIX Barton Dusty ADDRESS / PO BOX; APT / SUTTE #: 4 CANDIDATE/ CITY; STATE: ZIP CODE Received H2-22 OFFICEHOLDER 5329 Saddle Ridge Trl San Angelo, Texas 76904 MAILING **ADDRESS** Change of Address AREA CODE PHONE NUMBER 5 CANDIDATE/ **EXTENSION** Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (325)340-0569 PHONE Receipt # Amount \$ MS / MRS / MR FIRST 6 CAMPAIGN **TREASURER** Macy Ms N Date Processed NAME NICKNAME LAST SUFFIX Date Imaged McNutt STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE: 7IP CODE CAMPAIGN TREASURER 17365 U.S. Hwy 277 S Christoval, Texas 76935 **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN TREASURER PHONE (325 245-8053 9 REPORT TYPE 30th day before election Runoff 15th day after campaign January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD **COVERED** 12 / 31 / 21 7 / 1 / 21 THROUGH ELECTION DATE **ELECTION TYPE** 11 ELECTION Primary Runoff General Special 22 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE Tom Green County Commissioner Precinct 4 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. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Dustin Barton	16 Fil	er ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	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)	s 400.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,877.27
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	\$ 0.00
	swear, or affirm, under penalty of perjury, that the accompanying report is true and quired to be reported by me under Title 15, Election Code.	correct and includes all information
re	quited to be reported by the diracel True 15, Electron Code.	
	7/1/B	
	Cuon L Puro	
	Signature of Candidate	e or Officeholder
	Please complete either option below:	
	ricase complete direct opacit below.	
	Som Alexhua	
	CVI VAL CTERVIENO	
	SYLVIA STEPHENS }	
(1) Affidavit	Notary Public, State of Texas	
(1)Allicavic	Notary IDII 13054035-0 My Commission Expires 02-16-2024	
NOTARY STAMP/SEA	L.	
Swom to and subscribed	before me by Dustin L. Burton this the 124	h day of January.
	which, witness my hand and seal of office.	
Signature of officer administ		Title of officer administering oath
	OR	
(2) Unsworn Declarat	ion	
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 (month)	, 20 (year)
	(IIIOIUI)	(Jour)
	Signature of Candidate/O	fficeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILE Dusti	n Barton	20 Filer ID (Ethics Co.	mmissi	on Filers)			
21 SCH NAM		SUBTOTAL AMOUNT					
1.	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS						
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS						
4.	4. SCHEDULE E: LOANS						
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS						
6.	S. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS						
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS						
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD						
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS						
10.	0. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH						
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS						
12.	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:							
2 FILER NAME Dustin Ba	rton	3 Filer ID (Ethics Commission Filers)					
4 Date 07/17/2021	5 Full name of contributor out-of-state PACE Eail Gregston 6 Contributor address; City; P.O. Box 143 Knickerbocker, Telephocker, Telephocker, Telephocker, Telephocker, Telephocker, Telephocker, Telephocker, Telephocker	7 Amount of contribution (\$) 100.00					
8 Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instruct N/A	ions)				
Date	Full name of contributor out-of-state PAC Lewis and Barbara Barton	: (ID#:)	Amount of contribution (\$)				
11/07/2021	Contributor address; City; P.O. Box 6 Knickerbocker, Texa	300.00					
Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) N/A							
Date		: (ID#:)	Amount of contribution (\$)				
	Contributor address; City;	State; Zip Code					
Principal occup	oation / Job title (See Instructions)	Employer (See Instruct	ions)				
Date	Full name of contributor 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 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.

Advertising Expense Accounting/Banking Consulting Expense		EXPENDITURE CA Event Expense Fees Food/Beverage Expense	Loan Repay	yment/Reimbursement head/Rental Expense	Solicitation/Fundraisin Transportation Equipn Travel In District	ng Expense nent & Related Expense	
Contributions/Donations Made By Candidate/Officeholder/Political	•	Gift/Awards/Memorials Expens Legal Services		pense ages/Contract Labor	Travel Out Of District Other (enter a categor	v not listed shows)	
		The Instruction Guide e		_	Outor (entor a catogor	y not hated above)	
1 Total pages Schedule F4:	2 FILER	NAME			3 Filer ID (Ethics C	ommission Filers)	
3	Dustin Ba	rton			•	,	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,179.53							
5 Date	6 Payee name						
10/26/2021	RNHA (Sam Gomez)					
7 Amount (\$)	8 Payee	•		City;	State;	Zip Code	
300.00	3636 N.	Bryant San Angel	o, Texas 76	901			
9 TYPE OF EXPENDITURE		Political	Non-Po	litical			
10	(a) Categor	(See Categories listed at the top	of this schedule)	(b) Description			
PURPOSE		ons/Donations Made By		Contributed for	unds to Back th	ne Badge	
OF	Candidate	e/Officeholder/Political C	ommittee			_	
EXPENDITURE	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
11	L <u>.</u>						
Complete ONLY if direct expenditure to benefit C/OH	Can	didate / Officeholder nam	e O	ffice sought	Office he	эа	
Date	Payee	name		177771848-1648			
11/02/2021	Rangel						
Amount (\$)	Payee	address;		City;	State;	Zip Code	
879.53	1502 W	. Beauregard San	Angelo, Te	xas 76901			
TYPE OF EXPENDITURE		Political	Non-Po	olitical			
	Catego	y (See Categories listed at the top	of this schedule)	Description			
PURPOSE	Adverti	sing Expense		50 Yard Sign	IS		
OF							
EXPENDITURE		Check if travel outside of Texas. Co	molete Schedule T	Check if A	ustin, TX, officeholder living	i expense	
14.	L						
Complete ONLY if direct expenditure to benefit C/OH	Can	didate / Officeholder nam	e O	ffice sought	Office he	eid	
	ATTA	H ADDITIONAL COPI	ES OF THIS S	CHEDULE AS NE	EDED		

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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee		Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials Legal Services	Office Overhead/Rental Expense rage Expense Polling Expense Printing Expense		nead/Rental Expense ense ense iges/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		ent & Related Expense
_	Γ	The Instruction Gu	iide explaini	s how to co	mplete this form.	-		
1 Total pages Schedule F4: 3	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Dustin Barton						mmission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO ACREDIT CARD \$ 102.84								
5 Date	6 Payee	name						
11/07/2021	Walgree	ens						
7 Amount (\$)	8 Payee	address;			City;		State;	Zip Code
12.99	2828 N Bryant Blvd San Angelo, Texas 76903							
9 TYPE OF EXPENDITURE	- Carrier	Political	Annual and a second a second and a second an	Non-Pol	itical			
10	1	y (See Categories listed at	the top of this s	chedule)	(b) Description		•	
PURPOSE	Advertising Expense Photos of Campaign Sign							
OF Expenditure								
	(c)	Check if travel outside of Te	cas. Complete S	chedule T.	Check if Au	ıstin, TX,	officeholder living o	expense
Complete ONLY if direct expenditure to benefit C/OH	Can	didate / Officeholder	name	Of	fice sought		Office hel	d
Date	Payee	name						
11/30/2021	Build A	Sign						
Amount (\$)	Payee	address;			City;		State;	Zip Code
89.85	11525a	Stonehollow D)r. #100	Ausin,	Texas 78758			
TYPE OF EXPENDITURE		Political	Consession	Non-Po	litical			
	1	ry (See Categories listed a	t the top of this	schedule)	Description			
PURPOSE	Adverti	sing Expense			100 Yard Sig	ın Hu	ıcks	
OF EXPENDITURE					L.			
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder fiving expense							
Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH								
	ATTA	CH ADDITIONAL (COPIES O	F THIS S	CHEDULE AS NE	EDEI)	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

in the requested information is not applicable, DO NOT include this page in the report.							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	EXPENDITURE CATEGORIES FOR BOX 10(a) Event Expense Fees Food/Beverage Expense Gilft/wards/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	on Guide explai	ns how to co	mplete this form.		
1 Total pages Schedule F4: 3	: 2 FILER NAME Dustin Barton				3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD						s 474.	14
5 Date 11/30/2021	6 Payee name Build a Sign						
7 Amount (\$) 474.14	8 Payee address; City; State; Zip Code 11525a Stonehollow Dr. #100 Ausin, Texas 78758						
9 TYPE OF EXPENDITURE		Political	7000	Non-Pol	itical		
10 PURPOSE OF EXPENDITURE		y (See Categories lis sing Expens		schedule)	(b) Description 100 Yard Sig	ns	
	(c)	Check if travel outside	e of Texas. Complete	Schedule T.	Check if Au	stin, TX, officeholder	living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Can	didate / Officeho	older name	Of	fice sought	Offic	ce held
Date	Payee	name					True III III III III III III III III III I
Amount (\$)	Payee	address;			City;	State;	Zip Code
TYPE OF EXPENDITURE		Political		Non-Po	litical		
PURPOSE OF EXPENDITURE	Categor	y (See Categories lis	sted at the top of this	s schedule)	Description		
		Check if travel outsid	ie of Texas. Complete	Schedule T.	Check if A	ustin, TX, officeholder	living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	didate / Officeh	older name	Of	ffice sought	Offic	ce held
	ATTA	CH ADDITION	AL COPIES (OF THIS S	CHEDULE AS NE	EDED	

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 Office Overhead/Rental Expense Transportation Equipment & Related Expense Travel In District Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Contributions/Donations Made By 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. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) **Dustin Barton** 4 Date 5 Payee name 07/15/2021 Walmart 6 Amount (\$) 7 Payee address; State: Zip Code 17.01 5501 Sherwood Way San Angelo, Texas 76904 Reimbursement from political contributions intended (b) Description (a) Category (See Categories listed at the top of this schedule) R **PURPOSE** Planner/DeskPad Other OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 07/18/2021 Walmart Amount (\$) Payee address; Zip Code 5.39 5501 Sherwood Way San Angelo, Texas 76904 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** Thank you cards Other OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 07/19/2021 Golden Corral Payee address; Amount (\$) City: State: Zip Code 2.50 4387 W Houston Harte Expy San Angelo, Texas 76901 Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) **PURPOSE** Food/Beverage Expense Political Meeting OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Candidate/Officeholder/Politic		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ov Polling E Printing E Salaries/	Expense Wages/Contract Labor	Solicitation/Fundraisi Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense	
1 Total pages Schedule G:	2 FILER NA	ME			3 Eiles ID (Ethics	Commission Filers)	
3		Barton			3 Filer ID (Ethics	Commission Filers)	
4 Date	5 Payee nar	ne					
07/21/2021	Harlan	d Clarke					
6 Amount (\$) 19.35 ✓ Reimbursement from political contributions intended	-	7 Payee address; City; State; Zip Code 15955 La Cantera Parkway San Antonio, Texas 78256					
8	(a) Category	(See Categories listed at the top of this se	chedule)	(b) Description			
PURPOSE OF EXPENDITURE	Account	ing/Banking		Ordered Chec	ks for Campai	gn Account	
	(c)	Check if travel outside of Texas. Complete Sci	hedule T.	Check if Austin	n, TX, officeholder living e	expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	late / Officeholder name		Office sought		Office held	
Date	Payee nar	ne					
08/18/2021		atties Cafe & Saloon					
Amount (\$) 13.01 Reimbursement from political contributions intended	Payee add	_{dress;} it Concho San Angelo,	, Texas	City; s 76903	State;	Zip Code	
PURPOSE OF EXPENDITURE		(See Categories listed at the top of this severage Expense	chedule)	Political Meeti	ng		
		Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austi	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/G		late / Officeholder name		Office sought		Office held	
Date	Payee nar	ne		VANA			
11/15/2021	Walgre						
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code	
13.50	12 N A	be St San Angelo, Te	xas 76	•			
Reimbursement from political contributions intended	1211						
PURPOSE OF EXPENDITURE		(See Categories listed at the top of this sing Expense	chedule)	Photos of Car	npaign Sign		
		Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austi	n, TX, officeholder living (expense	
Complete ONLY if direct expenditure to benefit C/OH	Candid	tate / Officeholder name		Office sought		Office held	
	ATTA	ACH ADDITIONAL COPIES O	F THIS S	CHEDULE AS NEET	DED		

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

Loan Repayment/Relimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services Salaries/ The Instruction Guide explains how to	Wages/Contract Labor	Other (enter a category not listed above)
		complete this form.	
1 Total pages Schedule G: 3	2 FILER NAME Dustin Barton		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
11/17/2021	Tom Green County Republican Par	ty	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
750.00	2525 Johnson St Suite A, San Ange	elo, TX 76904	
Reimbursement from political contributions intended			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	Fees	Candidate Filir	ng
EXPENDITURE		<u> </u>	
	(c) Check if travel outside of Texas. Complete Schedule T.	 	, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/24/2021	Capital One		
Amount (\$)	Payee address;	City;	State; Zip Code
300.00	P.O. Box 30285, Salt Lake City, Uta	ah 84130	
Reimbursement from political contributions intended			
	Category (See Categories listed at the top of this schedule)	Description	The Court of Developer
PURPOSE OF EXPENDITURE	Credit Card Payment	Payment for Cont	ribution to Back the Badge
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
DIRDOCE	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF			
EXPENDITURE		1	
	Check if travel outside of Texas. Complete Schedule T.		, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEED	PED