

# 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) 00090247	2 Total pages filed: 8		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Barry	MI C	OFFICE USE ONLY		
	NICKNAME	LAST Wallace	SUFFIX	Date Received FILED FOR RECORD UPSHUR COUNTY, TEXAS		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE; ZIP CODE		
PO Box 1408 Gladewater, TX 75647-1408						
<input type="checkbox"/> Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
( 903 ) 918-3525						
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Barry	MI C	Date Hand-delivered or Date Postmarked  Receipt # <input type="text"/> Amount \$ <input type="text"/>  Date Processed  Date Imaged		
	NICKNAME	LAST Wallace	SUFFIX			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE PO Box 1408 Gladewater, TX 75647-1408					
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
( 903 ) 918-3525						
9 REPORT TYPE	<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)					
10 PERIOD COVERED	Month 11 / 1	Day	Year 2025	Month 12 / 31	Day	Year 2025
11 ELECTION	Month 03 / 03	Day	Year 2026	ELECTION DATE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special _____		
12 OFFICE	OFFICE HELD (if any) Upshur Co. District Attorney			13 OFFICE SOUGHT (if known) Upshur Co. District Attorney		
14 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.					
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME				
		COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

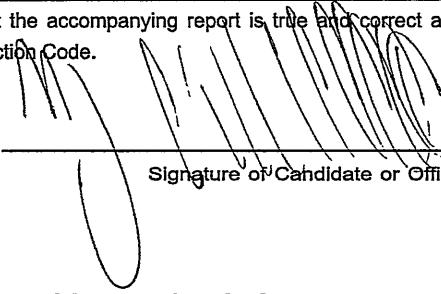
GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

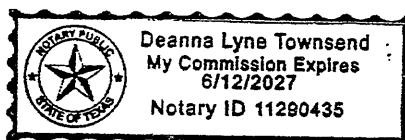
15 C/OH NAME	Barry C. Wallace		16 Filer ID (Ethics Commission Filers) 00090247
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 1,460.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 5,360.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$
	4. TOTAL POLITICAL EXPENDITURES		\$ 2,056.21
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		\$ 7,063.79
	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 BARRY CLARK WALLACE this the 13<sup>th</sup> day of JANUARY, 20 26, to certify which, witness my hand and seal of office.

Deanna Lyne Townsend

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)

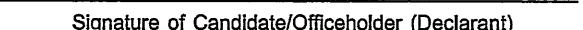
(city)

(state)

(zip code)

(country)

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

  
Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

<b>19 FILER NAME</b> Barry C. Wallace	<b>20 Filer ID (Ethics Commission Filers)</b> 00090247
<b>21 SCHEDULE SUBTOTALS NAME OF SCHEDULE</b>	
<b>1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS</b> <span style="float: right;">\$ 3,900.00</span>	
<b>2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS</b> <span style="float: right;">\$ 0</span>	
<b>3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS</b> <span style="float: right;">\$ 0</span>	
<b>4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS</b> <span style="float: right;">\$ 3,750.00</span>	
<b>5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS</b> <span style="float: right;">\$ 2,056.21</span>	
<b>6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS</b> <span style="float: right;">\$ 0</span>	
<b>7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS</b> <span style="float: right;">\$ 0</span>	
<b>8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD</b> <span style="float: right;">\$ 0</span>	
<b>9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS</b> <span style="float: right;">\$ 0</span>	
<b>10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH</b> <span style="float: right;">\$ 0</span>	
<b>11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS</b> <span style="float: right;">\$ 0</span>	
<b>12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER</b> <span style="float: right;">\$ 0</span>	

# 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
<b>2 FILER NAME</b> Barry C Wallace			<b>3 Filer ID (Ethics Commission Filers)</b> 00090247
<b>4 Date</b> 11/25/2025	<b>5 Full name of contributor</b> Michael and Carolyn Northcutt	<input type="checkbox"/> out-of-state PAC (ID#:  <b>6 Contributor address;</b> - - - - -	<b>7 Amount of contribution (\$)</b> \$500.00
<b>8 Principal occupation / Job title (See Instructions)</b> Banker / Retired Educator		<b>9 Employer (See Instructions)</b> Spring Hill Bank	
<b>Date</b> 11/25/2025	<b>Full name of contributor</b> Dwight A Brannon	<input type="checkbox"/> out-of-state PAC (ID#:  <b>Contributor address;</b> - - - - -	<b>Amount of contribution (\$)</b> \$750.00
<b>Principal occupation / Job title (See Instructions)</b> Attorney		<b>Employer (See Instructions)</b> Self Employed	
<b>Date</b> 12/08/2025	<b>Full name of contributor</b> Karen D. Bishop	<input type="checkbox"/> out-of-state PAC (ID#:  <b>Contributor address;</b> - - - - -	<b>Amount of contribution (\$)</b> \$750.00
<b>Principal occupation / Job title (See Instructions)</b> Attorney		<b>Employer (See Instructions)</b> Self Employed	
<b>Date</b> 12/08/2025	<b>Full name of contributor</b> Kyle and Debra Wilkinson	<input type="checkbox"/> out-of-state PAC (ID#:  <b>Contributor address;</b> - - - - -	<b>Amount of contribution (\$)</b> \$500.00
<b>Principal occupation / Job title (See Instructions)</b> College Professor / Retired		<b>Employer (See Instructions)</b> Collin County Jr. College	
<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: 2
<b>2 FILER NAME</b> Barry C. Wallace			<b>3 Filer ID (Ethics Commission Filers)</b> 00090247
<b>4 Date</b> 12/17/2025	<b>5 Full name of contributor</b> Barber Family (Mary, David, Ruth)	out-of-state PAC (ID#: _____)	<b>7 Amount of contribution (\$)</b> \$400.00
	<b>6 Contributor address;</b>  _____ - _____ - _____	City; _____ State; _____ Zip Code TX	
<b>8 Principal occupation / Job title (See Instructions)</b> All retired		<b>9 Employer (See Instructions)</b> Retired	
Date 12/26/2025	Full name of contributor Craig L. Bass	out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$500.00
	Contributor address;  _____ - _____ - _____	City; _____ State; _____ Zip Code TX	
<b>Principal occupation / Job title (See Instructions)</b> Attorney		<b>Employer (See Instructions)</b> Self Employed	
Date 12/31/2025	Full name of contributor Joe W. Newsom, Jr.	out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$500.00
	Contributor address;  _____ - _____ - _____	City; _____ State; _____ Zip Code TX	
<b>Principal occupation / Job title (See Instructions)</b> Attorney		<b>Employer (See Instructions)</b> Self Employed	
Date	Full name of contributor  _____ - _____ - _____	out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address;  _____ - _____ - _____	City; _____ State; _____ Zip Code	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<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.			

## **LOANS**

**SCHEDULE E**

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 E:
<b>2 FILER NAME</b> Barry C Wallace				<b>3 Filer ID (Ethics Commission Filers)</b> 00090247
<b>4 TOTAL OF UNITEMIZED LOANS</b>				\$
<b>5 Date of loan</b> 11/14/2025	<b>7 Name of lender</b> Barry C Wallace			<b>9 Loan Amount (\$)</b> \$3,750.00
<b>6 Is lender a financial institution?</b> Y <input checked="" type="radio"/> N <input type="radio"/>	<b>8 Lender address;</b> PO Box 1408	City; Gladewater	State; TX	<b>10 Interest rate</b> 0% <b>11 Maturity date</b> N/A
<b>12 Principal occupation / Job title (See Instructions)</b> Attorney		<b>13 Employer (See Instructions)</b> State of Texas (Upshur County District Attorney)		
<b>14 Description of Collateral</b> <input checked="" type="checkbox"/> none		<b>15</b> <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)		
<b>16 GUARANTOR INFORMATION</b>	<b>17 Name of guarantor</b>			<b>19 Amount Guaranteed (\$)</b>
	<b>18 Guarantor address;</b> <input type="checkbox"/> not applicable			City; State; Zip Code
<b>20 Principal Occupation (See Instructions)</b>		<b>21 Employer (See Instructions)</b>		
Date of loan	<b>22 Name of lender</b> <input type="checkbox"/> out-of-state PAC (ID#: .....)			Loan Amount (\$)
Is lender a financial institution? Y <input checked="" type="radio"/> N <input type="radio"/>	Lender address; .....			Interest rate .....
				Maturity date .....
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)		
<b>GUARANTOR INFORMATION</b>	<b>23 Name of guarantor</b>			<b>24 Amount Guaranteed (\$)</b>
	<b>25 Guarantor address;</b> <input type="checkbox"/> not applicable			City; State; Zip Code
Principal Occupation (See Instructions)		Employer (See Instructions)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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.

1 Total pages Schedule F1: 1	2 FILER NAME Barry C. Wallace	3 Filer ID (Ethics Commission Filers) 00090247	
4 Date 11/20/2025	5 Payee name Designer Graphics		
6 Amount (\$) \$2,056.21	7 Payee address; 12404 Hwy 155 South <input type="checkbox"/> Check if individual's residence address.	City; Tyler State; TX Zip Code 75703	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Printing Expense	(b) Description  4 x 8 Signs and Yard Signs with Frames were purchased Total of 125 signs.	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
	<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
	<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			



## AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

*An exemption affidavit must be submitted with each paper report.*

*Beginning on January 1, 2026, a candidate or officeholder who has accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in any calendar year must file all subsequent reports electronically.*

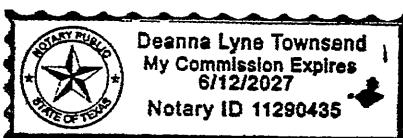
Filer name Barry C. Wallace	Filer ID # 00090247
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OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

1. I swear or affirm that I have not accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$34,890 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the \_\_\_\_\_ report due on \_\_\_\_\_. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit



Signature of Filer

NOTARY STAMP / SEAL

Sworn to and subscribed before me by BARRY CLARK WALLACE this the 13<sup>th</sup> day of JANUARY, 20 26, to certify which, witness my hand and seal of office.

Deanna Lyne Townsend  
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 Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT  
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**