FEC FORM 3L

REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS AND LOBBYIST/REGISTRANT PACs

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5

ELECT SEAN BARRY

ADDRESS (number and street) 9519 SWANPOND COURT

☐ Check if different than previously reported. (ACC)

HOUSTON (CITY) TX (STATE) 77075 – (ZIP CODE)

2. **FEC IDENTIFICATION NUMBER** C C00832386

3. IS THIS REPORT ☒ NEW (N) **OR** ☐ AMENDED (A)

4. STATE DISTRICT For Candidates Only

5. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- ☒ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2) and/or Semi-annual Report
- ☐ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End Report (YE) and/or Semi-annual Report
- ☐ July 31 Mid-Year Report (Non-election Year - PAC/Party) (MY) and/or Semi-annual Report

(b) Monthly Report Due On:

- ☐ Feb 20 (M2)
- ☐ Mar 20 (M3)
- ☐ Apr 20 (M4)
- ☐ May 20 (M5)
- ☐ Jun 20 (M6)
- ☐ Jul 20 (M7) and/or Semi-annual Report
- ☐ Aug 20 (M8)
- ☐ Sep 20 (M9)
- ☐ Oct 20 (M10)
- ☐ Nov 20 (M11) (Non-Election Year Only)
- ☐ Dec 20 (M12) (Non-Election Year Only)
- ☐ Jan 31 (YE) and/or Semi-annual Report

(c) 12-Day **PRE**-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Special (12S) ☐ Convention (12C)

Election on MM / DD / YYYY in the State of

This report also covers the semi-annual period ☐ See Line 6(b)

(d) 30-Day **POST**-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on MM / DD / YYYY in the State of

This report also covers the semi-annual period ☐ See Line 6(b)

6. Covered Period(s)

This report covers (a) Quarterly/Monthly/Pre-/Post-Election Covered Period 01 / 01 / 2024 through 03 / 31 / 2024 and/or (b) Semi-annual Covered Period ☐ January 1 - June 30 ☐ July 1 - December 31

7. Total Reportable Bundled Contributions by Lobbyists/Registrants or Lobbyist/Registrant PACs

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period 0.00

(b) Semi-annual Covered Period

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Barry, Sean, Justin, Mr.,

Signature of Treasurer *Barry, Sean, Justin, Mr.,* Date 04 / 16 / 2024

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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