

# 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</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed: <span style="font-size: 2em; float: right;">17</span>
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / (MRS) / MR <input checked="" type="radio"/> MR	FIRST <b>DIANA</b>	<b>OFFICE USE ONLY</b>
	NICKNAME	MI <b>BARRERA</b>	
		LAST <b>BARRERA</b>	Date Received <b>FILED FOR RECORD AT 4:15 PM JUL 16 2018</b>
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>PO Box 261122 CORPUS CHRISTI, TX 78410</b>		<b>KARA SANDS CLERK, COUNTY COURT, BEZES COUNTY, TEXAS BY _____ DEPUTY</b>
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>(361)</b>	PHONE NUMBER <b>815 - 3005</b>	Receipt #
		EXTENSION	Amount \$
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <b>BETTY</b>	Date Processed
	NICKNAME	MI <b>JEAN</b>	Date Imaged
		LAST <b>LONGORIA</b>	
<b>7</b> CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>4205 AARON COVE, CORPUS CHRISTI, TX 78412</b>		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE <b>(361)</b>	PHONE NUMBER <b>834-9876</b>	
		EXTENSION	
<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 checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10</b> PERIOD COVERED	Month Day Year      THROUGH      Month Day Year <b>01 / 01 / 2018</b> <b>06 / 30 / 2018</b>		
<b>11</b> ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year <b>11 / 6 / 2018</b>	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12</b> OFFICE	OFFICE HELD (if any)	<b>13</b> OFFICE SOUGHT (if known) <b>COUNTY CLERK</b>	

GO TO PAGE 2

2018-101

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

15 Filer ID (Ethics Commission Filers)

16 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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 1,174.55

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 9,496.09

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 8,622.37

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

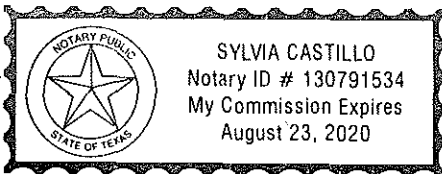
\$

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

18 AFFIDAVIT



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.

*Diana Barrera*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Diana Barrera, this the 16<sup>th</sup> day of July, 2018, to certify which, witness my hand and seal of office.

*Sylvia Castillo*

Signature of officer administering oath

Sylvia Castillo

Printed name of officer administering oath

Notary

Title of officer administering oath

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

DIANA BARRERA

3 Filer ID (Ethics Commission Filers)

4 Date

11/17/17

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

RICHARD M. BORCHARD

7 Amount of contribution (\$)

500<sup>00</sup>

6 Contributor address;

City; State; Zip Code

481 MAYER Rd., WESTOFF, TX 77994

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/2/17

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

MARGARET J. DICLEMENTE

Amount of contribution (\$)

100<sup>00</sup>

Contributor address;

City; State; Zip Code

15357 MUTINY CT., CC TX 78418

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/2/17

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

NANCY JO DEVLIN

Amount of contribution (\$)

100<sup>00</sup>

Contributor address;

City; State; Zip Code

16357 MUTINY CT., CC TX 78418

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/2/18

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

JAMES E. TERES KLEIN

Amount of contribution (\$)

100<sup>00</sup>

Contributor address;

City; State; Zip Code

350 MONTERREY CC TX 78411

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>DIANA T. BARRERA</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12/2/17</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ANN E. SMITH</b> 6 Contributor address; City; State; Zip Code <b>1005 MEADOWBROOK, CORPUS CHRISTI, TX 78412</b>	7 Amount of contribution (\$) <b>150<sup>00</sup></b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>12/2/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BARBARA CLINE</b> Contributor address; City; State; Zip Code <b>PO BOX 8396, CORPUS CHRISTI, TX 78468</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>11/2/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>STEVEN &amp; SUSAN REEVES</b> Contributor address; City; State; Zip Code <b>3618 TOPEKA, CORPUS CHRISTI, TX 78411</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>12/2/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MIKELL R. SMITH</b> Contributor address; City; State; Zip Code <b>1005 MEADOWBROOK, CORPUS CHRISTI, TX 78412</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>
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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

DIANA BARRERA

3 Filer ID (Ethics Commission Filers)

4 Date

12/22/17

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

SANDRA MARTINEZ

6 Contributor address;

City; State; Zip Code

1150 JACKSON TERRACE, CC TX 78410

7 Amount of contribution (\$)

150<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/29/17

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

SOLOMON P. ORTIZ, SR.

Contributor address;

City; State; Zip Code

4019 KILLARMET, CC TX 78413

Amount of contribution (\$)

100<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/29/17

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

SOLOMON P. ORTIZ, JR.

Contributor address;

City; State; Zip Code

4019 KILLARMET, CC TX 78413

Amount of contribution (\$)

100<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/8/17

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

MARIAN CONES

Contributor address;

City; State; Zip Code

1326 MOORHEAD DR., HOUSTON, TX 77005

Amount of contribution (\$)

500<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

3/8/17

BETTY JEAN LONGORIA

6 Contributor address; City; State; Zip Code

4205 AARON COVE, CC TX 784

100<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

3/8/17

CHARLES MANDEL

Contributor address; City; State; Zip Code

28 GREAT LAKES DR. CC TX 78413

300<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

3/8/18

THELMA MANDEL

Contributor address; City; State; Zip Code

28 GREAT LAKES DR., CC TX 78413

300<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

3/8/18

CWA - COPE, PCC

Contributor address; City; State; Zip Code

501 3RD ST., NW, WASHINGTON, DC 20001

1,000<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

4/11/18

MARY A. TAPIA

2,000<sup>00</sup>

6 Contributor address; City; State; Zip Code

2409 SARITA ST. CC TX 78404

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

4/11/18

EMILIO A. TAPIA

300.00

Contributor address; City; State; Zip Code

2409 SARITA ST., CC TX 78405

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

4/11/18

JOSE ANTONIO CANALES

250<sup>00</sup>

Contributor address; City; State; Zip Code

PO Box 5624, CC TX 78465

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

4/11/18

PALACIOS E. PALACIOS, PC

100.00

Contributor address; City; State; Zip Code

402 PEOPLES, CCTX 78401

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

DIANA BARRERA

3 Filer ID (Ethics Commission Filers)

4 Date

4/11/18

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

NORMA MARSHALL

7 Amount of contribution (\$)

100<sup>00</sup>

6 Contributor address; City; State; Zip Code

2825 DEBRA LN, CC TX 78418

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6/5/18

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

RICHARD M. BORCHARD

Amount of contribution (\$)

300.00

Contributor address; City; State; Zip Code

481 MEYER RD., WESTOFF, TX 77994

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/5/18

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

KAREN BRIDWELL

Amount of contribution (\$)

250<sup>00</sup>

Contributor address; City; State; Zip Code

3702 SANTA FE, CC TX 78404

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/5/18

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

MIKE WESTERGREN

Amount of contribution (\$)

100<sup>00</sup>

Contributor address; City; State; Zip Code

2033 18th St., CC TX 78404

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.



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

DIANA BARRERA

3 Filer ID (Ethics Commission Filers)

4 Date

6/18/18

5 Full name of contributor

MARIAN CONES

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

250<sup>00</sup>

6 Contributor address;

City; State; Zip Code

1326 MOOREHEAD, HOUSTON, TX 77005

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6/8/18

Full name of contributor

ANNA MARIA BARREERA

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100<sup>00</sup>

Contributor address;

City; State; Zip Code

918 E. HILL ST., ALICE, TX 78332

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/22/18

Full name of contributor

ARNOLD DE LA PAZ

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

150<sup>00</sup>

Contributor address;

City; State; Zip Code

14617 SWEETWATER, CC TX 78410

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | 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 F1:	<b>2</b> FILER NAME DIANA BARRERA	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date 12/8/17	<b>5</b> Payee name NUECES COUNTY DEMOCRATIC PARTY				
<b>6</b> Amount (\$) 1,250 <sup>00</sup>	<b>7</b> Payee address; City; State; Zip Code 2701 MORGAN AVE., CC TX 78405				
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  FEES	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 12/6/17	Payee name DEM SIGN				
Amount (\$)	Payee address; City; State; Zip Code 1401 HARVEST GLEN DR., PLANO, TX 75023				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 12/22/17	Payee name BIRDS RUBBER STAMP				
Amount (\$) 169.95	Payee address; City; State; Zip Code 5230 KOSTORYZ #11, CC TX 78415				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>DIANA BARRERA</b>	3 Filer ID (Ethics Commission Filers)
----------------------------	--------------------------------------	---------------------------------------

4 Date <b>3/3/17</b>	5 Payee name <b>HARRY HORAK</b>
-------------------------	------------------------------------

6 Amount (\$) <b>267.83</b>	7 Payee address; City; State; Zip Code
--------------------------------	--

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>WAGES</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <b>4/4/18</b>	Payee name <b>LISA HERNANDEZ</b>
-----------------------	-------------------------------------

Amount (\$) <b>325<sup>00</sup></b>	Payee address; City; State; Zip Code <b>CORPUS CHRISTI, TX 78408</b>
--	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>CONSULTING</b>	Description <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
---	-------------------------------	---------------	-------------

Date <b>4/26/18</b>	Payee name <b>OFFICE DEPOT</b>
------------------------	-----------------------------------

Amount (\$) <b>64.90</b>	Payee address; City; State; Zip Code <b>1737 S. STAPLES, CC TX 78404</b>
-----------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>OTHER</b>	Description <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
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>DIANA BARRERA</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>5/2/18</b>	5 Payee name <b>NICK GILBY</b>	
6 Amount (\$) <b>150<sup>00</sup></b>	7 Payee address; City; State; Zip Code	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>WAGES</b>	(b) Description <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 <b>4/27/18</b>	Payee name <b>ANOTHER GREAT ESTATE SALE</b>	
Amount (\$) _____	Payee address; City; State; Zip Code <b>OTHER 344 BARRUDA, CC TX 78404</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>OTHER</b>	Description <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 <b>5/08/18</b>	Payee name <b>OFFICE DEPOT</b>	
Amount (\$) <b>3.25</b>	Payee address; City; State; Zip Code <b>1737 S. STAPLES CC TX 78404</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>OTHER</b>	Description <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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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.

1 Total pages Schedule F1:	2 FILER NAME <b>DIANA BARRERA</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>5/9/18</b>	5 Payee name <b>OFFICE DEPOT</b>
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6 Amount (\$) <b>220.28</b>	7 Payee address; City; State; Zip Code <b>5425, SPID, CC TX 78411</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>PRINTING EXPENSES</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>5/8/18</b>	Payee name <b>US POSTAL SERVICE</b>
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Amount (\$) <b>200<sup>00</sup></b>	Payee address; City; State; Zip Code <b>10515 STONEWALL, CC TX 78410</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>OTHER- POSTAGE</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>3/3/18</b>	Payee name <b>LULAC FERIA DE LAS FLORES</b>
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Amount (\$) <b>650<sup>00</sup></b>	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>AD PURCHASE</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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 F1:	<b>2</b> FILER NAME DIANA BARRERA	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 5/8/18	<b>5</b> Payee name OFFICE DEPOT	
<b>6</b> Amount (\$) 134.18	<b>7</b> Payee address; City; State; Zip Code 5425 SPID, CC TX 78411	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 5/8/18	Payee name OFFICE DEPOT	
Amount (\$) 212.82	Payee address; City; State; Zip Code 5425 SPID, CC TX 78411	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 5/9/18	Payee name OFFICE DEPOT	
Amount (\$) 57.12	Payee address; City; State; Zip Code 5425 SPID, CC TX 78411	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | 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 F1:	<b>2</b> FILER NAME <u>DIANA BARRERA</u>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <u>6/11/18</u>	<b>5</b> Payee name <u>LONE STAR MEDIA</u>	
<b>6</b> Amount (\$) <u>2,300<sup>00</sup></u>	<b>7</b> Payee address; City; State; Zip Code <u>1011 N. FRIO, SAN ANTONIO, TX 78207</u>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>ADVERTISING EXPENSE</u>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date <u>6/15/18</u>	Payee name <u>LONE STAR MEDIA</u>	
Amount (\$) <u>2,300.63</u>	Payee address; City; State; Zip Code <u>1011 N. FRIO, SAN ANTONIO, TX 78207</u>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>SIGNS</u>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date <u>6/28/18</u>	Payee name <u>MY CAMPAIGN STORE</u>	
Amount (\$) <u>499.86</u>	Payee address; City; State; Zip Code <u>304 WHITTINGTON PKWY, LOUISVILLE, KY 40222</u>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>PRINTING EXPENSE</u>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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.

1 Total pages Schedule G:	2 FILER NAME <b>DIANA BARRERA</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>1/12/18</b>	5 Payee name <b>QUANTUM KOPIES</b>	
6 Amount (\$) <b>27.06</b> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>4701 AYERS, CC TX 78415</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>	(b) Description <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 <b>1/16/18</b>	Payee name <b>QUANTUM KOPIES</b>	
Amount (\$) <b>63.87</b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>4701 AYERS CC TX 78415</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>	(b) 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 <b>2/9/18</b>	Payee name <b>QUANTUM KOPIES</b>	
Amount (\$) <b>108.25</b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>4701 AYERS, CC TX 78415</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>	(b) 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

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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:	<b>2</b> FILER NAME <i>DIANA BARRERA</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>11/19/18</i>	<b>5</b> Payee name <i>QUANTUM PRINTING</i>	
<b>6</b> Amount (\$) <i>43.30</i> <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <i>4701 AYERS, CC TX 78415</i>	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>PRINTING EXPENSE</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> 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"/> Reimbursement from political contributions intended	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)      (b) 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"/> Reimbursement from political contributions intended	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)      (b) 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

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