

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS <input checked="" type="radio"/> MRS <input type="radio"/> MR <input type="radio"/> FIRST DIANA NICKNAME _____ LAST BARREIRA SUFFIX _____	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 261122, Corpus Christi, TX 78426	Date Received FILED FOR RECORD AT 9:20 a M OCT 09 2018 KARA SANDS CLERK, COUNTY CLERK, JUECES COUNTY, TEXAS BY <i>[Signature]</i> DEPUTY	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 815-3005	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input type="radio"/> FIRST BETTY JEAN MI <input type="radio"/> NICKNAME _____ LAST LONGORIA SUFFIX _____	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4205 AARON COVE, CORPUS CHRISTI, TX 78412		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 834-9876		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year July / 1 / 2018 9 / 27 / 2018		
11 ELECTION	ELECTION DATE Month Day Year 11 / 6 / 2018	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) COUNTY CLERK	

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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

\$

98.02

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

\$

4,204.57

EXPENDITURE
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

1,870.53

CONTRIBUTION
BALANCE

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

\$

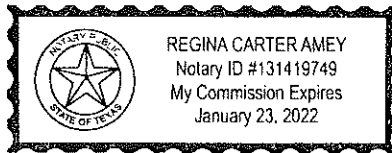
2,334.04

OUTSTANDING
LOAN TOTALS

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

\$

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Diana Barrera

Sworn to and subscribed before me, by the said *Regina Carter Amey*, this the *09* day of *18*, to certify which, witness my hand and seal of office.

Regina Carter Amey
Signature of officer administering oath

REGINA CARTER-AMEY
Printed name of officer administering oath

SENIOR CLERK
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 BARREKA		3 Filer ID (Ethics Commission Filers)
4 Date 7/31/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sico, Hoelscher, Harris & Braugh, LLP	7 Amount of contribution (\$) 500⁰⁰
6 Contributor address; City; State; Zip Code 802 N. Carancahua, Ste 900, CCTx 78401		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 7/31/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Thomas	Amount of contribution (\$) 96.05
Contributor address; City; State; Zip Code 1717 Waldron Rd., #19-29, CCTx 78418		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/14/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard H. Borchard	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 461 Meyer Rd., Westhoff, Tx. 77994		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/14/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) A-1 Bonding	Amount of contribution (\$) 150.00
Contributor address; City; State; Zip Code 423 Waco, St., C.C. Tx 78401		
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 <i>Diana Barrera</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>8/14/18</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Amador C. Garcia</i> 6 Contributor address; City; State; Zip Code <i>1521 Port Ave, Ste. A, CCTx 78405</i>	7 Amount of contribution (\$) <i>100⁰⁰</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>8/30/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ernest R. Garza</i> Contributor address; City; State; Zip Code <i>10201 LEOPARD ST., CCTx 78410</i>	Amount of contribution (\$) <i>300⁰⁰</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9/19/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Marian Cones</i> Contributor address; City; State; Zip Code <i>1326 Moorhead Dr., Houston, TX 77055</i>	Amount of contribution (\$) <i>960.50</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9/13/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>SPANISH GATE BEAUTY SALON</i> Contributor address; City; State; Zip Code <i>334 W. Ave J, Robstown, TX 78380</i>	Amount of contribution (\$) <i>150.⁰⁰</i>
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	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan Reeves	7 Amount of contribution (\$) 100⁰⁰
	6 Contributor address; City; State; Zip Code 3618 Topeka St., CC TX 18411	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/27/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiggington, Rumley, Dunn, & Blair	Amount of contribution (\$) 750⁰⁰
	Contributor address; City; State; Zip Code 123 N. Carrizo St; C.C. TX 18401	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/27/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonilla Investments	Amount of contribution (\$) 500⁰⁰
	Contributor address; City; State; Zip Code PO Box 5080, C.C. TX 78465	
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

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 | 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 DIANA BARRERA	3 Filer ID (Ethics Commission Filers)
4 Date 7/17/18	5 Payee name LONE STAR MEDIA	
6 Amount (\$) 422.12	7 Payee address; City; State; Zip Code 1011 N. FRIO ST., SAN ANTONIO, TX 78207	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(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 7/23/18	Payee name OFFICE DEPOT	
Amount (\$) 43.29	Payee address; City; State; Zip Code 5425 S. PADRE ISLAND DR., CORPUS CHRISTI, TX 78411	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Supplies	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 8/13/18	Payee name BIRD'S RUBBER STAMPS	
Amount (\$) 189.44	Payee address; City; State; Zip Code 5330 KOSTORYZ, CORPUS CHRISTI, TX 78415	
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
	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 Expense	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 **DIANA BARRERA** 3 Filer ID (Ethics Commission Filers)

4 Date **8/13/18** 5 Payee name **QUANTUM COPIES**

6 Amount (\$) **\$ 415.68** 7 Payee address; City; State; Zip Code **4701 AVERS ST. #401, CORPUS CHRISTI, TX 78415**

8 **PURPOSE OF EXPENDITURE** (a) Category (See Categories listed at the top of this schedule) **PRINTING EXPENSE** (b) Description Check if travel outside of Texas. Complete Schedule T. 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 **9/25/18** Payee name **TEXAS JAZZ FESTIVAL**

Amount (\$) **\$ 100⁰⁰** Payee address; City; State; Zip Code **4214 VALLEY CIRCLE, CORPUS CHRISTI, TX 78413**

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **ADVERTISING EXPENSE** Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

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

Date **9/25/18** Payee name **LONE STAR MEDIA**

Amount (\$) **\$ 700⁰⁰** Payee address; City; State; Zip Code **1011 N. FRIO ST., SAN ANTONIO, TX 78207**

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **PRINTING EXPENSE** Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

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

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