

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed:		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		MS / (MRS) / MR			
		FIRST		MI	
		Diana		T.	
		NICKNAME		SUFFIX	
		Barrera			
4 ORIGINAL REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify)		FILED FOR RECORD AT 3:45 PM JUL 24 2018 KARA SANDS CLERK, COUNTY COURT, ALBERTS COUNTY, TEXAS BY: <i>[Signature]</i> DEPUTY	
		<input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit		Date Hand-delivered or Date Postmarked	
		<input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Receipt # Amount \$	
		<input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report		Date Processed	
5 ORIGINAL PERIOD COVERED		Month Day Year		Date Imaged	
		7 / 1 / 2017 THROUGH 12 / 31 / 2017			

6 EXPLANATION OF CORRECTION
 Erroneously reported these transactions in 6/30/18 reporting period. Oversight and made correction.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

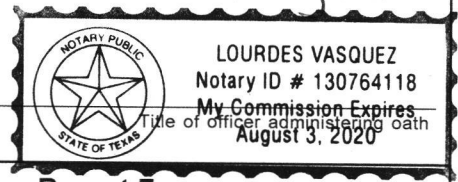
Diana T. Barrera

 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Diana T. Barrera, this the 24th day of July, 2018, to certify which, witness my hand and seal of office.

Lourdes Vasquez Lourdes Vasquez
 Signature of officer administering oath Printed name of officer administering oath



Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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 / MRS / MR <input checked="" type="radio"/> MRS FIRST: Diana LAST: Barrera MI: T. 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 78410	Date Received	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (361) PHONE NUMBER: 815-3005 EXTENSION:	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="radio"/> MRS FIRST: Betty LAST: Longoria MI: Jean 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: (361) PHONE NUMBER: 834-9876 EXTENSION:		
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 \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 7 / 1 / 2017 THROUGH 12 / 31 / 2017		
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	

GO TO PAGE 2

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

\$ 275⁰⁰

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

\$ 1,875⁰⁰

EXPENDITURE
TOTALS

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

\$

4. **TOTAL POLITICAL EXPENDITURES**

\$ 1,571.50

CONTRIBUTION
BALANCE

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

\$ 303.50

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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____
day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME *Diana Barrera*

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3

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 (\$)

500⁰⁰

6 Contributor address; City; State; Zip Code

4461 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 (\$)

100⁰⁰

Contributor address; City; State; Zip Code

15357 Mufiny 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 (\$)

100⁰⁰

Contributor address; City; State; Zip Code

16357 Mufiny 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#: _____)

James & Teresa Klein

Amount of contribution (\$)

100⁰⁰

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:

3

2 FILER NAME

Diana Barrera

3 Filer ID (Ethics Commission Filers)

4 Date

12/2/17

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

Ann E. Smith

7 Amount of contribution (\$)

150⁰⁰

6 Contributor address; City; State; Zip Code

1005 meadowbrook, CC, TX 78412

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/2/17

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

Barbara Cline

Amount of contribution (\$)

100⁰⁰

Contributor address; City; State; Zip Code

PO BOX 8396, CC, TX 78410

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/21/17

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

Steven & Susan Reeves

Amount of contribution (\$)

100⁰⁰

Contributor address; City; State; Zip Code

3618 Topeka, CC, TX 78411

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/2/17

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

Mickell R. Smith

Amount of contribution (\$)

100⁰⁰

Contributor address; City; State; Zip Code

1005 meadowbrook CC, TX 78412

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:
3

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

7 Amount of contribution (\$)

150⁰⁰

6 Contributor address; City; State; Zip Code

1150 JACKSON Terrace, CC, TX 78410

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/9/17

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

Solomon P. Ortiz, SR.

Amount of contribution (\$)

100⁰⁰

Contributor address; City; State; Zip Code

4019 Killarney CC, TX 78413

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.

Amount of contribution (\$)

100⁰⁰

Contributor address; City; State; Zip Code

4019 Killarney CC, TX 78413

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

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.

1 Total pages Schedule F1: 1	2 FILER NAME Diana Barrera	3 Filer ID (Ethics Commission Filers)
4 Date 12/18/17	5 Payee name Nueces County Democratic Party	
6 Amount (\$) 1,250 ⁰⁰	7 Payee address; City; State; Zip Code 2701 Morgan Ave., CC, TX 78405	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(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
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Date 12/11/17	Payee name Dem Sign		
Amount (\$) 151 ⁵⁵	Payee address; City; State; Zip Code 1401 Harvest Glen Dr., Plano, TX 75023		
PURPOSE OF EXPENDITURE	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	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/22/17	Payee name Birds Rubber Stamp		
Amount (\$) 169.95	Payee address; City; State; Zip Code 5230 Kostoryz #11, CC, TX 78415		
PURPOSE OF EXPENDITURE	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	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED