CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1	Filer ID (Ethics Commission Filers) 2 Total pages filed:		2 Total pages filed:	OFFICE USE ONLY		
3	3 CANDIDATE / OFFICEHOLDER NAME NICKNAME SUFFIX SUFFIX			FILED FOR RECORD AT 3:470 M		
4	A ORIGINAL REPORT TYPE July 15 Exceeded \$500 limit July 15 Exceeded \$500 limit Date Hand-delivered or Date Postmannian appointment (officeholder only)			CLERK PONTY COURT, MECES COUNTY, TEXAS BY DEPUTY Date Hand-delivered or Date Postmarked		
5	ORIGINAL PERIOD COVERED	Month Day Year OI / OI / QUIS THI	ROUGH $\frac{\text{Month}}{\text{O}} \frac{\text{Day}}{30} \frac{\text{Year}}{2018}$	Date Imaged		
6	EXPLANATION OF CO	PRRECTION	_			
	Corrected report to exclude contributions and uponsos made					
	in DEC. 2017. Filed Separate report, for					
7	AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.					
		Check O	NLY 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.					
	Miana D. Barrere					
	AFFIX NOTARY STAMP / SEAL ABOVE Signature of Candidate or Officeholder					
-	Sworn to and subscribed before me, by the said Diana T Barera, this the 34th day of July 20 18, to certify which, witness my hand and seal of office. Lourdes VASquez Signature of officer administering oath Printed name of officer administering oath August 3, 2020					

Remember To Attach Any Part Of The Campaign Fina Needed To Report And Explain Correct

2018-108

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

		T	
The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS (MRS / MR DIANA NICKNAME BArrera	MI	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE /		CITY: STATE: ZIP CODE COPUS Christi, TX 78410 EXTENSION	
OFFICEHOLDER PHONE 6 CAMPAIGN	(361) 815-300 E	MI	Date Hand-delivered or Date Postmarked Receipt # Amount \$
TREASURER NAME	NICKNAME BEFFY. LONGOTICE	Jean	Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S 4205 Paron Cove	SUITE #; CITY; STATE;	i, TX 78412
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (361) 834-987	EXTENSION	
9 REPORT TYPE	January 15 30th day before		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year O\ / O\ / 2018	THROUGH O6	30 / 2018
11 ELECTION	ELECTION DATE Month Day Year Primary General	Description	:
12 OFFICE	OFFICE HELD (if any)	COUNTY	
	GO ТО	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		1	15 Filer ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	TURES MADE BY POLITICAL COMMITTEES TO ITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S IS INFORMATION ONLY IF THEY RECEIVE NOTICE				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	AN \$ 899.55		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 899,55 \$7,063.60		
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, BITEMIZED	\$		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 7,485.93 DAY \$ 123.65		
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST PORTING PERIOD	DAY \$ 123.65		
OUTSTANDING LOAN TOTALS	6. TOTAL I LAST D	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	THE \$		
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 / SEALABOVE				
		by the said			
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

	COVER	SHEET PG 3	
19	FILER NAME 20 Filer ID (Ethics Co	mmission Filers)	
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:				
2 FILER NAME Diana Barrere	3 Filer ID (Ethics Commission Filers)			
4 Date 5 Full name of contributor out-of-state PAC (ID#:	500°			
6 Timopal occupation / occ menactions)				
Date Full name of contributor Gut-of-state PAC (ID#:	Amount of contribution (ϕ)			
3/8/18 Petty Jean Longoria Contributor address; City; State; Zip Co	100			
Principal occupation / Job title (See Instructions) Empl	SUID See Instructions)			
Date Full name of contributor out-of-state PAC (ID#:	300°C			
Principal occupation / Job title (See Instructions) Emp	oloyer (See Instructions)			
Date Full name of contributor Out-of-state PAC (ID#:	Amount of contribution (\$)			
	oloyer (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.

SCHEDULE A1

The Instruction Guide explai	ns how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Diana	Boureral	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contribute	or out-of-state PAC (ID#:)	7 Amount of contribution (\$)
3/8/18 CWA - COK 6 Contributor address;	City; State; Zip Code	1,000
501359	3t. NW, Washington, Oc 200	01
8 Principal occupation / Job title (See Instr		tions)
Date Full name of contribut	_	Amount of contribution (\$)
'' 0	City; State; Zip Code	$2,000^{\infty}$
12409 Sarit	ast. CC, Tx 78404	
Principal occupation / Job title (See Instru	uctions) Employer (See Instruc	tions)
Date Full name of contribut	_	Amount of contribution (\$)
	City; State; Zip Code	30000
2409 Sas	Hast. CC, TX 78410	
Principal occupation / Job title (See Instru	uctions) Employer (See Instruc	ctions)
Date Full name of contribu		Amount of contribution (\$)
Contributor address;		25000
· · · · · · · · · · · · · · · · · · ·	24 CC, TX 78465	
Principal occupation / Job title (See Instr	uctions) Employer (See Instru	cuons)
	•	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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 Palacios 3 Palacios P.C. 6 Contributor address; City; State; Zip Code UN Ploples St. C., 78401 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	7 Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Worman Marshall Contributor address; City; State; Zip Code 2875 Debra Ln. CC, 7x 78418	10000
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date Full name of contributor Out-of-state PAC (ID#:	Amount of contribution (\$) 3
Date Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code 3702 ScotaFe, CC, Tx 78404 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Amount of contribution (\$) 250

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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 out-of-state PAC (ID#:)	7 Amount of contribution (\$)
G Contributor address; City State; Zip Code 2033 18th St. CC, 7x 78404	1000
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	etions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
6/18/18 Contributor address; City; State; Zip Code	25000
1326 Moorehead, Houston, 7x 77005	
Principal occupation / Job title (See Instructions) Employer (See Instruc	otions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
6818 Pona Maria Barrera Contributor address; City; State; Zip Code	10000
918 F. Hill St., Alice, Tx 78332	
Principal occupation / Job title (See Instructions) Employer (See Instruc	etions)
Date Full name of contributorout-of-state PAC (ID#:)	Amount of contribution (\$)
6/22/18 AMOLD DE LA POZ. Contributor address; City; State; Zip Code	15000
14617 Gweetwater CCTX 78416	
Principal occupation / Job title (See Instructions) Employer (See Instruc	ctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wares/Contract Labor

Candidate/Officeholder/Politica		Vages/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 3/3/18	5 Payee name HOTOL 7 Payee address; City; State; Zip Code				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
267.83					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE		Check if travel outside of Texas. Complete Schedule T.			
OF EXPENDITURE	Wages	Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought Office held			
Date	Payee name				
4/4/18	Lisa Hernandez				
Amount (\$)	Payee address; City; State; Zip Code				
32500	434 VIIIa Dr. CC,	TX 78408			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
EXPENDITURE	Consulting	Crieck if Adstiti, 17, officeriolder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought Office held			
Date	Payee name				
4/26/18	Office Depot				
Amount (\$)	Payee address; City; State; Zip Code				
6490	1737 S. Staples, CC	1 TX 78404			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE	Other	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought Office held			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officenoider/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 5/2/18	5 Payee name NICK Gilbu				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Way		utside of Texas. Complete Schedule T. n, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date 4/27/18	Payee name Another arect Esta	te sale			
Amount (\$)	Payee address; City; State; Zip Code				
20000	344 Barracuda, C	C, TX 784	04		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OHNC (T-P05+5)		ntside of Texas. Complete Schedule T. 1, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
5 8 18	Office Depot				
Amount (\$)	Payee address; City; State; Zip Code	.7x 78404			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office supplies		utside of Texas. Complete Schedule T. n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officendider name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica	al Committee Legal Services Salaries	s/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 Barre	3 Filer ID (Ethics Commission Fil	ers)		
4 Date 5/9/18	5 Payee name Office Deput				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
220.28	5425, SPID, CCITX7	18411			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE		Check if travel outside of Texas. Complete Schedule T.			
OF EXPENDITURE	Printing Expenses	Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought Office held			
Date	Payee name				
5/8/18	US Postal Service	ce			
Amount (\$)	Payee address; City; State; Zip Code				
70000	10515 Stonewall,	CC, TX 78410			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE	Other	Check if Austin, TX, officeholder living expense			
	(Postage)				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
3/3/18	LULAC Feria Del	las Flores			
Amount (\$)	Payee address; City; State; Zip Code				
6500					
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE	Aid Purchase	Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel In District Travel Out Of District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense 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. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Dirum Barrera 5 Payee name Office Depot 7 Payee address; 6 Amount (\$) CC, Tx 784111 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Gheck if Austin, TX, officeholder living expense OF Printing Expense **EXPENDITURE** Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Office Hepot City; State; Zip Code Amount (\$) SP10 CCITX 78411 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense Printing Expense **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Office Depot address: City: State: Zip Code 5 SPID CC, TX 78411 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense Printing Expense **EXPENDITURE** Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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)

Credit Card Payment The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME Diam Borrer	-cc	3 Filer ID (Ethics	Commission Filers)	
4 Date 6/11/18	5 Payee name				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
2,30000	1011 N. Frio, SanAr	tonio, TX	78207		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF	_		utside of Texas. Complete Sch n, TX, officeholder living e		
EXPENDITURE	Holvertising Expense	Gricox ii Addaii	i, ix, oliociolaci ivilg o	Aponto Company	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	C	Office held	
Date	Payee name				
6/15/18	Lone Star Medic				
Amount (\$)	Amount (\$) Payee address; City; State; Zip Code				
2,300.63	1011 N. Frio, San Anto	unio,TX7	8707		
	Category (See Categories listed at the top of this schedule)	Description		2 00 000	
PURPOSE OF	Λ 1 1 2 C		tside of Texas. Complete Sch		
EXPENDITURE	Advertising Expense	Check if Austin	, 17, Officerolder living 6/	Apense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	(Office held	
Date	Payee name				
6/28/18	my Campaign S	ture			
Amount (\$)	Payee address; City; State; Zip Code			_	
499.86	304 Whittington PK	wy, Louisl	ville, Ky	40222	
A)	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF			itside of Texas. Complete Sch		
EXPENDITURE	Printing Expense.	Check if Austin	i, TX, officeholder living ex	xpense	
	MAN (MILLION) MARINE				
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memonals Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment				
1 Total pages Schedule G:	2 FILER NAME DICCA BOSTETOL 3 Filer ID (Ethics Commission Filers)			
4 Date 1/12/18	5 Payee name Quantum Kopies			
6 Amount (\$) 27 00 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 4701 Ayers St. CCITX 78415			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (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 1/16/18	Quantun Kopies			
Amount (\$) 3 - 87 Reimbursement from political contributions intended	Payee address; City; State; Zip Code 4701 Ayers St. CC, 7x 78415			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
Date 2/9/14	Payee name QUCUTUN COPIES			
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code 4701 HYECS St. CC, (x 78415			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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

Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form.					
1 Total pages Schedule G:		rrera	3 Filer ID (Ethics Commission Filers)		
4 Date					
1/19/18	Quantum Kopies				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
H3-30 Reimbursement from political contributions intended	4701 Ayers St. CC, Tx 78415				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
OF	Dialina France		of Texas. Complete Schedule T.		
EXPENDITURE	Printing Expense	Check if Austin, 1X	, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/6	Candidate / Officeholder name	Office sought	Office held		
experience to belief, Green					
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
Reimbursement from political contributions intended					
PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description			
OF	Check if travel outside of Texas. Complete Schedule T.				
EXPENDITURE		Check if Austin, 1X	, officeholder living expense		
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
Date	Payee name	-			
Amount (\$)	Payee address; City; State; Zip Code				
Reimbursement from political contributions intended					
PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description			
OF			of Texas. Complete Schedule T.		
EXPENDITURE		Check if Austin, TX	s, officeholder living expense		
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					