

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed:	<b>OFFICE USE ONLY</b>
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS/ <u>MRS</u> / MR      FIRST <u>Diana</u> MI <u>T.</u>	Date Received <b>FILED FOR RECORD AT 3:47P M JUL 24 2018</b>
	NICKNAME      LAST <u>Barrera</u> SUFFIX	<b>KARA SANDS CLERK, COUNTY COURT, NECEES COUNTY, TEXAS BY <u>[Signature]</u> DEPUTY</b>
<b>4</b> ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) _____ <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit _____ <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report	Date Hand-delivered or Date Postmarked
		Receipt #      Amount \$
<b>5</b> ORIGINAL PERIOD COVERED	Month      Day      Year      THROUGH      Month      Day      Year <u>01 / 01 / 2018</u> <u>06 / 30 / 2018</u>	Date Processed
		Date Imaged

**6** EXPLANATION OF CORRECTION  
*Corrected report to exclude contributions and expenses 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 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.

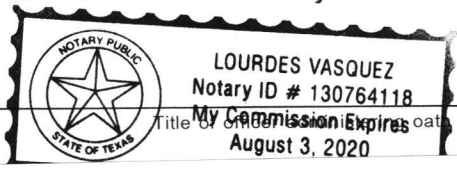
**Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good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

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



**Remember To Attach Any Part Of The Campaign Finance Report Needed To Report And Explain Correctly**

2018-108



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 2**

<b>14</b> C/OH NAME	<b>15</b> Filer ID (Ethics Commission Filers)
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<b>16</b> NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	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.	
	<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

<b>17</b> CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 899.55
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,063.60
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 7,485.93
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 123.65
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

<b>19</b> FILER NAME		<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> 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 checked="" 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:

4

2 FILER NAME

Diana Barrera

3 Filer ID (Ethics Commission Filers)

4 Date

3/8/18

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

Maricun Cones

7 Amount of contribution (\$)

500<sup>00</sup>

6 Contributor address; City; State; Zip Code

1326 Moorhead Dr. Houston, TX 78413

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/8/18

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

Betty Jean Longoria

Amount of contribution (\$)

100<sup>00</sup>

Contributor address; City; State; Zip Code

4205 Aaron Cove, CC, TX 78412

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/8/18

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

Charles mandel

Amount of contribution (\$)

300<sup>00</sup>

Contributor address; City; State; Zip Code

28 GreatLakes Dr., CC, TX 78413

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/8/18

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

Thelma mandel

Amount of contribution (\$)

300<sup>00</sup>

Contributor address; City; State; Zip Code

28 GreatLakes Dr., CC, TX 78413

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:

4

2 FILER NAME

Diana Barrera

3 Filer ID (Ethics Commission Filers)

4 Date

3/8/18

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

CWA-COPE, PCC

7 Amount of contribution (\$)

1,000<sup>00</sup>

6 Contributor address; City; State; Zip Code

501 3<sup>rd</sup> St. NW, Washington, DC 20001

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/11/18

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

Mary A. Tapia

Amount of contribution (\$)

2,000<sup>00</sup>

Contributor address; City; State; Zip Code

2409 Sarita St. CC, TX 78404

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/11/18

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

Emilio A. Tapia

Amount of contribution (\$)

300<sup>00</sup>

Contributor address; City; State; Zip Code

2409 Sarita St. CC, TX 78410

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/11/18

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

Jose Antonio Canales

Amount of contribution (\$)

250<sup>00</sup>

Contributor address; City; State; Zip Code

P.O. Box 5624 CC, TX 78465

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:

4

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#: \_\_\_\_\_)

Palacios Palacios, P.C.

6 Contributor address; City; State; Zip Code

402 Peoples St. CC, TX 78401

7 Amount of contribution (\$)

100<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/11/18

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

Norma Marshall

Contributor address; City; State; Zip Code

2825 Debra Ln. CC, TX 78418

Amount of contribution (\$)

100<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/5/18

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

Richard M. Borchard

Contributor address; City; State; Zip Code

481 Meyer Rd.

Amount of contribution (\$)

300<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/5/18

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

Karen Bridwell

Contributor address; City; State; Zip Code

3702 Santa Fe, CC, TX 78404

Amount of contribution (\$)

250<sup>00</sup>

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:

4

2 FILER NAME

Diana Barrera

3 Filer ID (Ethics Commission Filers)

4 Date

4/5/18

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

Mike Westergren

7 Amount of contribution (\$)

100<sup>00</sup>

6 Contributor address; City; State; Zip Code

2033 18th St. CC, TX 78404

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6/18/18

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

Marian Cones

Amount of contribution (\$)

250<sup>00</sup>

Contributor address; City; State; Zip Code

1326 Moorehead, Houston, TX 77005

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/8/18

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

Anna Maria Barrera

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

Arnold De LaPaz

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)

**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  
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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
5	Diana Barrera	
<b>4</b> Date	<b>5</b> Payee name	
3/3/18	Harry Horak	
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code	
267.83		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	Wages	<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	
4/4/18	Lisa Hernandez	
Amount (\$)	Payee address; City; State; Zip Code	
325.00	434 villa Dr. CC, TX 78408	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Consulting	<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	
4/26/18	Office Depot	
Amount (\$)	Payee address; City; State; Zip Code	
64.90	1737 S. Staples, CC, TX 78404	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Other	<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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# 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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <u>5</u>	<b>2</b> FILER NAME <u>Diana Barrera</u>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <u>5/9/18</u>	<b>5</b> Payee name <u>Office Depot</u>	
<b>6</b> Amount (\$) <u>220.28</u>	<b>7</b> Payee address; City; State; Zip Code <u>5425, SPID, CC, TX 78411</u>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>Printing Expenses</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>5/8/18</u>	Payee name <u>US Postal Service</u>	
Amount (\$) <u>200.00</u>	Payee address; City; State; Zip Code <u>10515 Stonewall, CC, TX 78410</u>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>Other (Postage)</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>3/3/18</u>	Payee name <u>LULAC Feria De las Flores</u>	
Amount (\$) <u>65.00</u>	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>Aid Purchase</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: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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)
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The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <u>5</u>	<b>2</b> FILER NAME <u>Diana Barrera</u>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <u>5/8/18</u>	<b>5</b> Payee name <u>Office Depot</u>	
<b>6</b> Amount (\$) <u>134.<sup>18</sup></u>	<b>7</b> Payee address; City; State; Zip Code <u>5425 SPID CC, TX 78411</u>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>Printing 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>5/8/18</u>	Payee name <u>Office Depot</u>	
Amount (\$) <u>212.<sup>82</sup></u>	Payee address; City; State; Zip Code <u>5425 SPID CC, TX 78411</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: _____	

Date <u>5/9/18</u>	Payee name <u>Office Depot</u>	
Amount (\$) <u>57.<sup>12</sup></u>	Payee address; City; State; Zip Code <u>5425 SPID CC, TX 78411</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: _____	

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



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 5	<b>2</b> FILER NAME Diana Barrera	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 6/11/18	<b>5</b> Payee name Lone Star Media	
<b>6</b> Amount (\$) 2,300.00	<b>7</b> Payee address; City; State; Zip Code 1011 N. Frio, San Antonio, TX 78207	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising 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 6/15/18	Payee name Lone Star Media	
Amount (\$) 2,300.63	Payee address; City; State; Zip Code 1011 N. Frio, San Antonio, TX 78207	
<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
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

Date 6/28/18	Payee name my Campaign Store	
Amount (\$) 499.86	Payee address; City; State; Zip Code 304 Whittington Pkwy, Louisville, KY 40222	
<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
	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 PERSONAL FUNDS

## SCHEDULE G

### 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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <b>2</b>	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>2700</b> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>4701 Ayers St. 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 <span style="float: right;">Office held</span>

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 St. 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 <span style="float: right;">Office held</span>

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 St. 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 <span style="float: right;">Office held</span>

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  
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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <p style="text-align:center">2</p>	<b>2</b> FILER NAME <p style="text-align:center">Diana Barrera</p>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <p style="text-align:center">1/19/18</p>	<b>5</b> Payee name <p style="text-align:center">Quantum Copies</p>	
<b>6</b> Amount (\$) <p style="text-align:center">43.30</p> <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <p style="text-align:center">4701 Ayers St. CC, TX 78415</p>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <p style="text-align:center">Printing Expense</p>	<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	Payee name	
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	<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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held

Date	Payee name	
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	<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
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**