

**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: 45	
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR	FIRST	MI	
	NICKNAME	Barbara	SUFFIX	
4 CANDIDATE/ OFFICEHOLDER ADDRESS	ADDRESS /PO BOX:	APT/SUITE #	CITY	STATE: ZIP CODE
	401 N Tanchhua		Corpus Christi TX	78401
<input type="checkbox"/> Change of Address				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
		(210) 633-7369		
6 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI	
	NICKNAME	Scott	SUFFIX	
Date Processed				
Date Imaged				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS:	APT/SUITE #	CITY	STATE: ZIP CODE
	401 N Tanchhua		Corpus Christi TX	78401
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
		(210) 633-7369		
9 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 type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach- COH-FR)			
10 PERIOD COVERED	Month	Day	Year	Month Day Year
		09/28/2018	THROUGH	10/27/2018
11 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month	Day	Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
11/06/2018				
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) Other Office: County Judge	
GO TO PAGE 2				

FILED FOR RECORD
OFFICE USE ONLY
AT 3:52 PM
Date Received
OCT 29 2018
KARA SANDS
CLERK, COUNTY COURT, TARRANT COUNTY, TEXAS
BY *Kara Sands* DEPUTY
Date Hand-delivered or Date Postmarked

2018-131

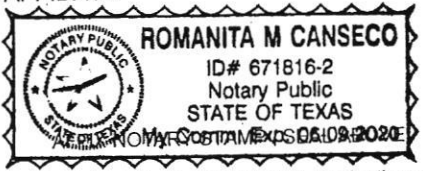
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Barbara Canales	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
	<input type="checkbox"/> GENERAL	
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
<input type="checkbox"/> additional pages	COMMITTEE CAMPAIGN TREASURER ADDRESS	

17 CONTRIBUTION TOTALS	1	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$0.00
	2	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$31,134.75
EXPENDITURE TOTALS	3	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$0.00
	4	TOTAL POLITICAL EXPENDITURES	\$61,204.02
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$17,936.48
OUTSTANDING LOAN TOTALS	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$0.00

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.

Barbara Canales
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said BARBARA CANALES this the

29th day of Oct. 20 18 to certify which, witness my hand and seal of office.

Romanita M. Canseco Romanita M. Canseco
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - COH**FORM C/OH
COVER SHEET PG 3**

19. FILER NAME Barbara Canales	20. FILER ID (Ethics Commission Filers)
21. SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTALS AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$25,520.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$5,614.75
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$0.00
4. SCHEDULE E: LOANS	\$0.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$61,204.02
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$0.00
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$0.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS AND CONTRIBUTIONS RETURNED TO FILER	\$0.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Barbara Canales		3. Filer ID (Ethics Commission Filers)
4. Date 10/19/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ CECILIA AKERS 6. Contributor address; City; State; ZIP Code 2014 Encino Vis San Antonio, TX 78259-2430	7. Amount of contribution (\$) \$500.00
8. Principal occupation / Job title (See Instructions) Physical Therapist		9 Employer (See Instructions) Homecare Dimensions
4. Date 10/26/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Phyllis Allen 6. Contributor address; City; State; ZIP Code 4350 Ocean Dr Apt 1003 Corpus Christi, TX 78412-2595	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions) Self employed		9 Employer (See Instructions) Self employed
4. Date 10/15/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Brett Anthony 6. Contributor address; City; State; ZIP Code 5717 Ocean Dr 5717 ocean drive Corpus Christi, TX 78412-2847	7. Amount of contribution (\$) \$500.00
8. Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self
4. Date 10/15/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Fred Ballard 6. Contributor address; City; State; ZIP Code 1516 Overland Stage Rd Dripping Springs, TX 78620-2317	7. Amount of contribution (\$) \$2,000.00
8. Principal occupation / Job title (See Instructions) Blue Horse Building & Design		9 Employer (See Instructions) Senior Advisor
4. Date 10/25/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Margaret Banales 6. Contributor address; City; State; ZIP Code 3134 Seven Trees Dr Corpus Christi, TX 78410-2422	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Self Employed		9 Employer (See Instructions) Self Employed

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: not available
2. FILER NAME Barbara Canales		3. Filer ID (Ethics Commission Filers)
4. Date 10/22/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Sylvia Benavides 6. Contributor address; City; State; ZIP Code 7601 Sauve Terre Corpus Christi, TX 78414-6178	7. Amount of contribution (\$) \$200.00
8. Principal occupation / Job title (See Instructions) Self employed		9 Employer (See Instructions) Self employed
4. Date 10/12/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Bonnie Berry 6. Contributor address; City; State; ZIP Code 4550 River Park Dr Corpus Christi, TX 78410-5671	7. Amount of contribution (\$) \$1,000.00
8. Principal occupation / Job title (See Instructions) Bay Ltd		9 Employer (See Instructions) Excutive
4. Date 10/17/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Kanti Bhakta 6. Contributor address; City; State; ZIP Code 6301 S Padre Island Dr Corpus Christi, TX 78412-4013	7. Amount of contribution (\$) \$1,000.00
8. Principal occupation / Job title (See Instructions) Kanti Bhakta Inc		9 Employer (See Instructions) Self
4. Date 10/26/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Richard Borchard 6. Contributor address; City; State; ZIP Code 481 Meyer Rd Westhoff, TX 77994-4133	7. Amount of contribution (\$) \$1,000.00
8. Principal occupation / Job title (See Instructions) Business Development		9 Employer (See Instructions) Lineberger Goggan Blair & Sampson
4. Date 10/11/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Viola Cavazos 6. Contributor address; City; State; ZIP Code 4214 Dinn St Corpus Christi, TX 78415-5223	7. Amount of contribution (\$) \$30.00
8. Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Barbara Canales		3. Filer ID (Ethics Commission Filers)
4. Date 10/26/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Albert Cortez 6. Contributor address; City; State; ZIP Code 8402 Forest Heights Ln Austin, TX 78749-3504	7. Amount of contribution (\$) \$2,500.00
8. Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Self
4. Date 09/28/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Annette Cottingham 6. Contributor address; City; State; ZIP Code 5309 Williams Dr Corpus Christi, TX 78411-4638	7. Amount of contribution (\$) \$500.00
8. Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
4. Date 10/11/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Carlos Cuellar 6. Contributor address; City; State; ZIP Code 2529 Gollihar Rd Corpus Christi, TX 78415-5229	7. Amount of contribution (\$) \$150.00
8. Principal occupation / Job title (See Instructions) Cuellar Business Consultants		9 Employer (See Instructions) Self
4. Date 10/24/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Amanda & Mance Cutbirth 6. Contributor address; City; State; ZIP Code 14318 Playa Del Rey Corpus Christi, TX 78418-7505	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Surgeon		9 Employer (See Instructions) Ccoms
4. Date 10/22/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Lucia Dailey 6. Contributor address; City; State; ZIP Code PO Box 783 Port Aransas, TX 78373-0783	7. Amount of contribution (\$) \$200.00
8. Principal occupation / Job title (See Instructions) Self employed		9 Employer (See Instructions) Self employed

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Barbara Canales		3. Filer ID (Ethics Commission Filers)
4. Date 10/25/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Anne Dobson 6. Contributor address; City; State; ZIP Code 3701 Denver Ave Corpus Christi, TX 78411-1313	7. Amount of contribution (\$) \$250.00
8. Principal occupation / Job title (See Instructions) Self Employed		9 Employer (See Instructions) Self Employed
4. Date 09/28/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Monica Ellison 6. Contributor address; City; State; ZIP Code 4020 Santa Fe St Corpus Christi, TX 78411-1241	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Administrator		9 Employer (See Instructions) Law office of Scott Ellison
4. Date 10/17/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Scott Ellison 6. Contributor address; City; State; ZIP Code 410 Pueblo St Corpus Christi, TX 78405-3034	7. Amount of contribution (\$) \$250.00
8. Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self
4. Date 09/28/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Laura L Estrada 6. Contributor address; City; State; ZIP Code 3518 Fairmont Dr Corpus Christi, TX 78408-3508	7. Amount of contribution (\$) \$25.00
8. Principal occupation / Job title (See Instructions) Finance		9 Employer (See Instructions) LiftFund, Inc
4. Date 10/09/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Stephanie Fernandez 6. Contributor address; City; State; ZIP Code 3254 Austin St Corpus Christi, TX 78404-2416	7. Amount of contribution (\$) \$80.00
8. Principal occupation / Job title (See Instructions) Self employed		9 Employer (See Instructions) Self employed

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Barbara Canales		3. Filer ID (Ethics Commission Filers)
4. Date 10/02/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Elvira Garcia 6. Contributor address; City; State; ZIP Code 1503 Daytona Dr Corpus Christi, TX 78415-4907	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
4. Date 10/15/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Josefina Garcia 6. Contributor address; City; State; ZIP Code 2645 Nemec St Corpus Christi, TX 78415-1607	7. Amount of contribution (\$) \$40.00
8. Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
4. Date 10/25/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Luis Garcia 6. Contributor address; City; State; ZIP Code 1310 Easthaven Dr Corpus Christi, TX 78412-4108	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Self Employed		9 Employer (See Instructions) Self Employed
4. Date 10/15/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Nick Garcia 6. Contributor address; City; State; ZIP Code 15409 Cruiser St Corpus Christi, TX 78418-6669	7. Amount of contribution (\$) \$200.00
8. Principal occupation / Job title (See Instructions) Self employed		9 Employer (See Instructions) Self employed
4. Date 10/22/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Carmen Garza 6. Contributor address; City; State; ZIP Code 4210 Pecan Valley Dr Corpus Christi, TX 78413-2508	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Self employed		9 Employer (See Instructions) Self employed

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Barbara Canales		3. Filer ID (Ethics Commission Filers)
4. Date 10/22/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Eloy Garza 6. Contributor address; City; State; ZIP Code 9525 Huntington Dr Corpus Christi, TX 78410-1514	7. Amount of contribution (\$) \$500.00
8. Principal occupation / Job title (See Instructions) Retiree		9. Employer (See Instructions) Sherwin Aluminum
4. Date 10/26/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Gignac & Associates LLP 6. Contributor address; City; State; ZIP Code 416 Starr St Corpus Christi, TX 78401-2343	7. Amount of contribution (\$) \$500.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 09/28/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Bobby Gonzalez 6. Contributor address; City; State; ZIP Code 8401 Lago Vista Dr Corpus Christi, TX 78414-6344	7. Amount of contribution (\$) \$10.00
8. Principal occupation / Job title (See Instructions) Manager		9. Employer (See Instructions) Texas Department of Insurance
4. Date 10/26/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Maria Elena Guerra 6. Contributor address; City; State; ZIP Code 7546 Annemasse St Corpus Christi, TX 78414-6113	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions) Retired		9. Employer (See Instructions) Retired
4. Date 10/10/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Sylvia Gutierrez 6. Contributor address; City; State; ZIP Code 4638 Franklin Dr Corpus Christi, TX 78415-1652	7. Amount of contribution (\$) \$25.00
8. Principal occupation / Job title (See Instructions) Retired		9. Employer (See Instructions) Retired

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Barbara Canales		3. Filer ID (Ethics Commission Filers)
4. Date 10/20/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Joseph Horin 6. Contributor address; City; State; ZIP Code 7502 Angelwing Dr Corpus Christi, TX 78414-6081	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions) Electronics Technicia		9 Employer (See Instructions) USDOT
4. Date 10/09/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Chadwick Huckabee 6. Contributor address; City; State; ZIP Code 2262 Lombardy Dr Corpus Christi, TX 78418-4651	7. Amount of contribution (\$) \$200.00
8. Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) CCISD
4. Date 10/24/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ James Klein 6. Contributor address; City; State; ZIP Code 3501 Monterrey St Corpus Christi, TX 78411-1709	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Faculty		9 Employer (See Instructions) Del Mar College
4. Date 10/26/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Paul Kratzig 6. Contributor address; City; State; ZIP Code 615 N Upper Broadway St Ste 900 Corpus Christi, TX 78401-0799	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self
4. Date 10/26/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Matt Layton 6. Contributor address; City; State; ZIP Code 235 Amistad St Corpus Christi, TX 78404-1605	7. Amount of contribution (\$) \$200.00
8. Principal occupation / Job title (See Instructions) Layton Brothers Optical		9 Employer (See Instructions) Owner

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Barbara Canales		3. Filer ID (Ethics Commission Filers)
4. Date 10/05/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC William Liles 6. Contributor address; City; State; ZIP Code 13833 Eaglesnest Bay Dr Corpus Christi, TX 78418-6302	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions) Retired		9. Employer (See Instructions) Retired
4. Date 10/09/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Elizabeth Locke Welsh 6. Contributor address; City; State; ZIP Code 134 Alta Plz Corpus Christi, TX 78411-1412	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Elizabeth Welsh Interior Design		9. Employer (See Instructions) Self
4. Date 10/11/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Alfredo Longoria 6. Contributor address; City; State; ZIP Code 4205 Aaron Cv Corpus Christi, TX 78413-4444	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Retired		9. Employer (See Instructions) Retired
4. Date 10/11/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Irene Longoria 6. Contributor address; City; State; ZIP Code 5050 Greenbriar Dr Corpus Christi, TX 78413-2720	7. Amount of contribution (\$) \$500.00
8. Principal occupation / Job title (See Instructions) Self employed		9. Employer (See Instructions) Self employed
4. Date 10/25/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Judith Loverde 6. Contributor address; City; State; ZIP Code 909 Driftwood Pl Corpus Christi, TX 78411-2225	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions) Retired		9. Employer (See Instructions) Retired

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Barbara Canales		3. Filer ID (Ethics Commission Filers)
4. Date 10/03/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Michelle Moffitt 6. Contributor address; City; State; ZIP Code 134 Louisiana Ave Corpus Christi, TX 78404-1702	7. Amount of contribution (\$) \$250.00
8. Principal occupation / Job title (See Instructions) Self Employed		9 Employer (See Instructions) Self Employed
4. Date 10/24/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Rose Navalta 6. Contributor address; City; State; ZIP Code 5525 Wooldridge Rd Corpus Christi, TX 78413-3838	7. Amount of contribution (\$) \$150.00
8. Principal occupation / Job title (See Instructions) Realtor		9 Employer (See Instructions) Metro Properties
4. Date 10/25/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Vera Nolen 6. Contributor address; City; State; ZIP Code 617 Dolphin Pl Corpus Christi, TX 78411-2215	7. Amount of contribution (\$) \$200.00
8. Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
4. Date 10/16/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ C. K. Osborne MD 6. Contributor address; City; State; ZIP Code 12 Lana Ln Unit B Houston, TX 77027-5640	7. Amount of contribution (\$) \$250.00
8. Principal occupation / Job title (See Instructions) Baylor College of Medicine		9 Employer (See Instructions) Physician
4. Date 10/09/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Oso Transport LLC 6. Contributor address; City; State; ZIP Code 3041 Holly Rd Corpus Christi, TX 78415-2306	7. Amount of contribution (\$) \$200.00
8. Principal occupation / Job title (See Instructions)		9 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: not available
2. FILER NAME Barbara Canales		3. Filer ID (Ethics Commission Filers)
4. Date 10/25/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ AV Patel 6. Contributor address; City; State; ZIP Code 300 N Shoreline Blvd Corpus Christi, TX 78401-2565	7. Amount of contribution (\$) \$500.00
8. Principal occupation / Job title (See Instructions) Hotel Development		9 Employer (See Instructions) Self Employed
4. Date 10/05/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ David Perry 6. Contributor address; City; State; ZIP Code PO Box 1500 Corpus Christi, TX 78403-1500	7. Amount of contribution (\$) \$1,000.00
8. Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Perry & Haas
4. Date 10/17/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Cladolmira Pizana 6. Contributor address; City; State; ZIP Code 4610 Dody St Corpus Christi, TX 78411-3514	7. Amount of contribution (\$) \$500.00
8. Principal occupation / Job title (See Instructions) Self employed		9 Employer (See Instructions) Self employed
4. Date 10/12/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ David Poplack 6. Contributor address; City; State; ZIP Code 806 Saddlewood Ln Houston, TX 77024-5407	7. Amount of contribution (\$) \$250.00
8. Principal occupation / Job title (See Instructions) Texas Children's Hospital		9 Employer (See Instructions) Physician
4. Date 10/22/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Esther Read 6. Contributor address; City; State; ZIP Code 133 Kush Ln Corpus Christi, TX 78404-1611	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Self employed		9 Employer (See Instructions) Self employed

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: not available
2. FILER NAME Barbara Canales		3. Filer ID (Ethics Commission Filers)
4. Date 10/09/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Ralph Reyes 6. Contributor address; City; State; ZIP Code 725 Villa Dr Apt 31 Corpus Christi, TX 78408-2852	7. Amount of contribution (\$) \$10.00
8. Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
4. Date 10/17/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Del Richardson 6. Contributor address; City; State; ZIP Code 510 S La Brea Ave Inglewood, CA 90301-2724	7. Amount of contribution (\$) \$300.00
8. Principal occupation / Job title (See Instructions) Del Richardson LLC		9 Employer (See Instructions) Self
4. Date 10/15/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Augustin Rivera Jr. 6. Contributor address; City; State; ZIP Code 426 Cape Cod Dr Corpus Christi, TX 78412-2623	7. Amount of contribution (\$) \$250.00
8. Principal occupation / Job title (See Instructions) attorney		9 Employer (See Instructions) Del Mar College District
4. Date 10/10/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Debra Rodriguez 6. Contributor address; City; State; ZIP Code 713 Ayers St Corpus Christi, TX 78404-1912	7. Amount of contribution (\$) \$250.00
8. Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Rodriguez & Moretzsohn
4. Date 10/09/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Roxane Rolingson 6. Contributor address; City; State; ZIP Code 218 Leming Ave Corpus Christi, TX 78404-1719	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions) Artist		9 Employer (See Instructions) Self Employed

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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: not available
2. FILER NAME Barbara Canales		3. Filer ID (Ethics Commission Filers)
4. Date 10/21/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ David Rumley 6. Contributor address; City; State; ZIP Code 123 N Carrizo St Corpus Christi, TX 78401-3001	7. Amount of contribution (\$) \$500.00
8. Principal occupation / Job title (See Instructions) attorney		9 Employer (See Instructions) Wigington Rumley Dunn & Blair, LLP
4. Date 10/11/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Alana Seal 6. Contributor address; City; State; ZIP Code 5633 Medeabrook Pl Agoura Hills, CA 91301-1510	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Event planner		9 Employer (See Instructions) Keystone Group
4. Date 10/22/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Diana Sepulveda 6. Contributor address; City; State; ZIP Code 4558 Silver Hollow Dr Corpus Christi, TX 78413-5084	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Self employed		9 Employer (See Instructions) Self employed
4. Date 09/29/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Terry Shamsie 6. Contributor address; City; State; ZIP Code 4002 Castle Valley Dr Corpus Christi, TX 78410-3629	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Lawyer		9 Employer (See Instructions) Self Employed
4. Date 09/28/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Mary Anne Sinclair 6. Contributor address; City; State; ZIP Code 3535 Santa Fe St Unit 17 Corpus Christi, TX 78411-1346	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions) realtor		9 Employer (See Instructions) ColdwellBanker Pacesetter Steel

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Barbara Canales		3. Filer ID (Ethics Commission Filers)
4. Date 10/09/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Shannon Stokes Russek 6. Contributor address; City; State; ZIP Code 217 Leming Ave Corpus Christi, TX 78404-1718	7. Amount of contribution (\$) \$250.00
8. Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self employed
4. Date 10/01/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Donald Taft 6. Contributor address; City; State; ZIP Code 401 Coral Pl Corpus Christi, TX 78411-1530	7. Amount of contribution (\$) \$1,000.00
8. Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) Tejas Management Systems, Inc.
4. Date 10/09/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Dolly Trolley 6. Contributor address; City; State; ZIP Code 3442 San Antonio St Corpus Christi, TX 78411-1434	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Self employed
4. Date 10/04/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Vaquero PAC 6. Contributor address; City; State; ZIP Code 10715 Gulfdale St Ste 235 San Antonio, TX 78216-3666	7. Amount of contribution (\$) \$5,000.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 09/28/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Mike Westergren 6. Contributor address; City; State; ZIP Code 2033 18th St Corpus Christi, TX 78404-3802	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self

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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: not available
2. FILER NAME Barbara Canales		3. Filer ID (Ethics Commission Filers)
4. Date 10/05/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Mike Westergren 6. Contributor address; City; State; ZIP Code 2033 18th St Corpus Christi, TX 78404-3802	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self
4. Date 10/12/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Theodore Yank 6. Contributor address; City; State; ZIP Code 5302 Beaver Lodge Dr Kingwood, TX 77345-1721	7. Amount of contribution (\$) \$250.00
8. Principal occupation / Job title (See Instructions) Baylor College of Medecine		9 Employer (See Instructions) Director

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A2: not available	
2. FILER NAME Barbara Canales		3. Filer ID (Ethics Commission Filers)	
4. TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$0.00	
5 Date 09/28/2018	6 Full name of contributor <input type="checkbox"/> out-of-state PAC Barbara Canales	8 Amount of contribution (\$) \$500.00	9 In-Kind contribution description Cotton Fest Sponsor
7 Contributor address; City; State; Zip Code 401 N Tanchua St Ste 201B Corpus Christi, TX 78401-2736		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
10 Principal occupation / Job Title (FOR NON-JUDICIAL) (See Instructions) Attorney		11 Employer (FOR NON-JUDICIAL) (See Instructions) Law Offices of Barbara Canales	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parents (if any) (FOR JUDICIAL)			
5 Date 10/01/2018	6 Full name of contributor <input type="checkbox"/> out-of-state PAC Tony Canales	8 Amount of contribution (\$) \$2,500.00	9 In-Kind contribution description Office space
7 Contributor address; City; State; Zip Code 14 Hewit Dr Corpus Christi, TX 78404-1610		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
10 Principal occupation / Job Title (FOR NON-JUDICIAL) (See Instructions) Attorney		11 Employer (FOR NON-JUDICIAL) (See Instructions) Canales & Simonson PC	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parents (if any) (FOR JUDICIAL)			

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A2: not available	
2. FILER NAME Barbara Canales		3. Filer ID (Ethics Commission Filers)	
4. TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$0.00	
5 Date 10/03/2018	6 Full name of contributor <input type="checkbox"/> out-of-state PAC Yolanda Canales	8 Amount of contribution (\$) \$114.75	9 In-Kind contribution description T-shirts
	7 Contributor address; City; State; Zip Code 14 Hewitt Dr Corpus Christi, TX 78404-1610	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
10 Principal occupation / Job Title (FOR NON-JUDICIAL) (See Instructions) Self Employed		11 Employer (FOR NON-JUDICIAL) (See Instructions) Self Employed	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parents (if any) (FOR JUDICIAL)			
5 Date 10/01/2018	6 Full name of contributor <input type="checkbox"/> out-of-state PAC Watts Guerra	8 Amount of contribution (\$) \$2,500.00	9 In-Kind contribution description Billboard
	7 Contributor address; City; State; Zip Code 4 Dominion Dr San Antonio, TX 78257-1390	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
10 Principal occupation / Job Title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parents (if any) (FOR JUDICIAL)			

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Office Overhead/Rental	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Polling Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out of District
Credit Card Payment	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Barbara Canales	3. Filer ID (Ethics Commission Filers)
4 Date 10/09/2018	5 Payee name Autozone	
6 Amount \$17.31	7 Payee address; City; State; Zip Code 1245 S Port Ave Corpus Christi, TX 78405-2307	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Transportation Equipment & Related 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 Vehicle supplies
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 10/01/2018	5 Payee name Ruben Banda	
6 Amount \$304.95	7 Payee address; City; State; Zip Code 6806 Island Park Ct Corpus Christi, TX 78414-3577	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 10/16/2018	5 Payee name Ruben Banda	
6 Amount \$230.00	7 Payee address; City; State; Zip Code 6806 Island Park Ct Corpus Christi, TX 78414-3577	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Office Overhead/Rental	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Polling Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out of District
Credit Card Payment	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Barbara Canales	3. Filer ID (Ethics Commission Filers)
4 Date 10/01/2018	5 Payee name David Calderon	
6 Amount \$1,175.01	7 Payee address; City; State: Zip Code 2829 Austin St Corpus Christi, TX 78404-1747	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 10/16/2018	5 Payee name David Calderon	
6 Amount \$1,251.63	7 Payee address; City; State: Zip Code 2829 Austin St Corpus Christi, TX 78404-1747	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 10/01/2018	5 Payee name Campaign Services LLC	
6 Amount \$2,500.00	7 Payee address; City; State: Zip Code 7901 Cameron Rd Ste 3-378 Austin, TX 78754-3880	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting 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 Campaign consulting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Office Overhead/Rental	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Polling Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out of District
Credit Card Payment	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Barbara Canales	3. Filer ID (Ethics Commission Filers)
4 Date 10/02/2018	5 Payee name Campaign Services LLC	
6 Amount \$131.79	7 Payee address; 7901 Cameron Rd Ste 3-378 Austin, TX 78754-3880	City; State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting 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 Travel re-imbursement
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 10/08/2018	5 Payee name Campaign Services LLC	
6 Amount \$400.83	7 Payee address; 7901 Cameron Rd Ste 3-378 Austin, TX 78754-3880	City; State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting 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 Travel re-imbursement
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 10/16/2018	5 Payee name Campaign Services LLC	
6 Amount \$44.58	7 Payee address; 7901 Cameron Rd Ste 3-378 Austin, TX 78754-3880	City; State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting 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 Office supplies re-imbursement
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|----------------------------------|-------------------------------|-------------------------------|---|
| Advertising Expense | Event Expense | Office Overhead/Rental | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Polling Expense | Transportation Equipment & Related |
| Consulting Expense | Food/Beverage Expense | Printing Expense | Expense |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Travel In District |
| Candidate/Officeholder/Political | Legal Services | | Travel Out of District |
| Committee | | | 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 Barbara Canales	3. Filer ID (Ethics Commission Filers)
4 Date 10/18/2018	5 Payee name Campaign Services LLC	
6 Amount \$2,500.00	7 Payee address; City: State: Zip Code 7901 Cameron Rd Ste 3-378 Austin, TX 78754-3880	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting 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 Campaign consulting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 10/19/2018	5 Payee name Campaign Services LLC	
6 Amount \$75.00	7 Payee address; City: State: Zip Code 7901 Cameron Rd Ste 3-378 Austin, TX 78754-3880	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting 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 Travel re-imbursement
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 10/01/2018	5 Payee name Alex Chadwell	
6 Amount \$674.25	7 Payee address; City: State: Zip Code 4417 Totton Dr Corpus Christi, TX 78411-2829	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Office Overhead/Rental	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Polling Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out of District
Credit Card Payment	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Barbara Canales	3. Filer ID (Ethics Commission Filers)
4 Date 10/16/2018	5 Payee name Alex Chadwell	
6 Amount \$899.25	7 Payee address; 4417 Totton Dr Corpus Christi, TX 78411-2829	City; State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 10/04/2018	5 Payee name Cotton Broadcasting	
6 Amount \$2,500.00	7 Payee address; 116 Mesa Dr Robstown, TX 78380-2004	City; State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising 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 Radio ads
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 10/23/2018	5 Payee name Cotton Broadcasting	
6 Amount \$1,500.00	7 Payee address; 116 Mesa Dr Robstown, TX 78380-2004	City; State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising 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 Radio ads
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Office Overhead/Rental	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Polling Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out of District
Credit Card Payment	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Barbara Canales	3. Filer ID (Ethics Commission Filers)
4 Date 10/01/2018	5 Payee name Cricket Wireless	
6 Amount \$300.00	7 Payee address; City; State: Zip Code 4102 S Staples St Corpus Christi, TX 78411-2100	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental 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 Phones
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 10/15/2018	5 Payee name Cricket Wireless	
6 Amount \$30.00	7 Payee address; City; State: Zip Code 4102 S Staples St Corpus Christi, TX 78411-2100	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental 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 Phones
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 10/09/2018	5 Payee name Dropbox	
6 Amount \$10.65	7 Payee address; City; State: Zip Code 333 Brannan St San Francisco, CA 94107-1810	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental 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 Data storage
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Office Overhead/Rental	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Polling Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out of District
Credit Card Payment	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Barbara Canales	3. Filer ID (Ethics Commission Filers)
4 Date 10/15/2018	5 Payee name Duable Works	
6 Amount \$172.50	7 Payee address; City; State; Zip Code 1422 E Grayson St San Antonio, TX 78208-1427	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental 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 Website updates
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 10/01/2018	5 Payee name Andrea Duran	
6 Amount \$1,213.53	7 Payee address; City; State; Zip Code 3548 Topeka St Corpus Christi, TX 78411-1716	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 10/16/2018	5 Payee name Andrea Duran	
6 Amount \$378.38	7 Payee address; City; State; Zip Code 3548 Topeka St Corpus Christi, TX 78411-1716	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field services
9 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 FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Office Overhead/Rental	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Polling Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out of District
Credit Card Payment	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Barbara Canales	3. Filer ID (Ethics Commission Filers)
4 Date 10/01/2018	5 Payee name Joceline Duran	
6 Amount \$663.75	7 Payee address; City; State; Zip Code 3548 Topeka St Corpus Christi, TX 78411-1716	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 10/16/2018	5 Payee name Joceline Duran	
6 Amount \$656.75	7 Payee address; City; State; Zip Code 3548 Topeka St Corpus Christi, TX 78411-1716	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 10/15/2018	5 Payee name Exxon	
6 Amount \$30.00	7 Payee address; City; State; Zip Code 3760 S Alameda St Corpus Christi, TX 78411-1630	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Office Overhead/Rental	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Polling Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out of District
Credit Card Payment	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Barbara Canales	3. Filer ID (Ethics Commission Filers)
4 Date 10/11/2018	5 Payee name FedEx	
6 Amount \$6.45	7 Payee address; City; State: Zip Code 4002 S Padre Dr Corpus Christi, TX 78411	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental 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 Copies
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 10/17/2018	5 Payee name FedEx	
6 Amount \$23.93	7 Payee address; City; State: Zip Code 4002 S Padre Dr Corpus Christi, TX 78411	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental 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 Copies
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 10/01/2018	5 Payee name Roland Gomez	
6 Amount \$935.06	7 Payee address; City; State: Zip Code 1539 Wynwood St Corpus Christi, TX 78415-4933	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Office Overhead/Rental	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Polling Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out of District
Credit Card Payment	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Barbara Canales	3. Filer ID (Ethics Commission Filers)
4 Date 10/16/2018	5 Payee name Roland Gomez	
6 Amount \$873.92	7 Payee address; City; State: Zip Code 1539 Wynwood St Corpus Christi, TX 78415-4933	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 10/04/2018	5 Payee name Joe Gonzalez	
6 Amount \$2,500.00	7 Payee address; City; State: Zip Code 2611 Morgan Ave Corpus Christi, TX 78405-1808	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sign install labor
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 10/08/2018	5 Payee name Grindstone Research	
6 Amount \$2,500.00	7 Payee address; City; State: Zip Code 8185 Boone Trce Nashville, TN 37221-6553	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting 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 Research
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Office Overhead/Rental	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Polling Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out of District
Credit Card Payment	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Barbara Canales	3. Filer ID (Ethics Commission Filers)
4 Date 10/01/2018	5 Payee name Matthew Guerrero	
6 Amount \$1,100.85	7 Payee address; City; State; Zip Code 2401 Luzius Dr Corpus Christi, TX 78418-5478	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 10/16/2018	5 Payee name Matthew Guerrero	
6 Amount \$1,092.75	7 Payee address; City; State; Zip Code 2401 Luzius Dr Corpus Christi, TX 78418-5478	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 10/01/2018	5 Payee name Stephanie Hernandez	
6 Amount \$445.77	7 Payee address; City; State; Zip Code 3109 Magnolia St Corpus Christi, TX 78408-3126	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Office Overhead/Rental	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Polling Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out of District
Credit Card Payment	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Barbara Canales	3. Filer ID (Ethics Commission Filers)
4 Date 10/18/2018	5 Payee name Hustle Inc	
6 Amount \$1,252.02	7 Payee address; City; State; Zip Code 343 Sansome St San Francisco, CA 94104-1303	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising 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 Voter outreach
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 10/01/2018	5 Payee name Matthew Ibarra	
6 Amount \$4,000.00	7 Payee address; City; State; Zip Code 13003 Ariel St San Antonio, TX 78253-5877	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting 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 Field consulting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 09/30/2018	5 Payee name IBC Bank	
6 Amount \$37.12	7 Payee address; City; State; Zip Code 221 S Shoreline Blvd Corpus Christi, TX 78401-2833	
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 Banking fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Office Overhead/Rental	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Polling Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out of District
Credit Card Payment	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Barbara Canales	3. Filer ID (Ethics Commission Filers)
4 Date 09/30/2018	5 Payee name IBC Bank	
6 Amount \$37.12	7 Payee address; City; State; Zip Code 221 S Shoreline Blvd Corpus Christi, TX 78401-2833	
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 Banking fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 09/28/2018	5 Payee name Island Moon	
6 Amount \$200.00	7 Payee address; City; State; Zip Code 14646 Compass St Ste 3 Corpus Christi, TX 78418-6232	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising 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 Newspaper ad
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 09/28/2018	5 Payee name Island Moon	
6 Amount \$200.00	7 Payee address; City; State; Zip Code 14646 Compass St Ste 3 Corpus Christi, TX 78418-6232	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising 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 Newspaper ads
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Office Overhead/Rental	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Polling Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out of District
Credit Card Payment	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Barbara Canales	3. Filer ID (Ethics Commission Filers)
4 Date 10/04/2018	5 Payee name Island Moon	
6 Amount \$200.00	7 Payee address; City; State: Zip Code 14646 Compass St Ste 3 Corpus Christi, TX 78418-6232	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising 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 Newspaper ads
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 10/12/2018	5 Payee name Island Moon	
6 Amount \$200.00	7 Payee address; City; State: Zip Code 14646 Compass St Ste 3 Corpus Christi, TX 78418-6232	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising 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 Newspaper ads
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 10/18/2018	5 Payee name Island Moon	
6 Amount \$200.00	7 Payee address; City; State: Zip Code 14646 Compass St Ste 3 Corpus Christi, TX 78418-6232	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising 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 Newspaper ads
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Office Overhead/Rental	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Polling Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out of District
Credit Card Payment	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Barbara Canales	3. Filer ID (Ethics Commission Filers)
4 Date 10/19/2018	5 Payee name Elaine Jones	
6 Amount \$75.00	7 Payee address; City; State; Zip Code 1402 Seville Dr Portland, TX 78374-2127	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel re-imbursement
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 10/18/2018	5 Payee name KIII	
6 Amount \$1,955.00	7 Payee address; City; State; Zip Code 5002 S Padre Island Dr Corpus Christi, TX 78411-4206	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising 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 TV Ads
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 10/23/2018	5 Payee name KIII	
6 Amount \$1,428.00	7 Payee address; City; State; Zip Code 5002 S Padre Island Dr Corpus Christi, TX 78411-4206	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising 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 TV Ads
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Office Overhead/Rental	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Polling Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out of District
Credit Card Payment	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Barbara Canales	3. Filer ID (Ethics Commission Filers)
4 Date 10/19/2018	5 Payee name KRIS	
6 Amount \$3,034.45	7 Payee address; City; State; Zip Code 301 Artesian St Corpus Christi, TX 78401-2701	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising 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 TV Ads
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 10/01/2018	5 Payee name Lincoln Park Strategies	
6 Amount \$3,500.00	7 Payee address; City; State; Zip Code 611 Pennsylvania Ave SE Washington, DC 20003-4303	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Polling 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 Polling
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 10/03/2018	5 Payee name Lone Star Media	
6 Amount \$750.98	7 Payee address; City; State; Zip Code 1011 N Frio St San Antonio, TX 78207-1811	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising 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 Signs
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Office Overhead/Rental	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Polling Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out of District
Credit Card Payment	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Barbara Canales	3. Filer ID (Ethics Commission Filers)
4 Date 10/01/2018	5 Payee name Travis Melby	
6 Amount \$521.70	7 Payee address; City; State: Zip Code 2611 Morgan Ave Corpus Christi, TX 78405-1808	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 10/02/2018	5 Payee name NGP VAN	
6 Amount \$250.00	7 Payee address; City; State: Zip Code 48 Grove St Ste Somerville, MA 02144-2500	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental 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 Database management
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 10/02/2018	5 Payee name Office Depot	
6 Amount \$27.57	7 Payee address; City; State: Zip Code 1737 S Staples St Corpus Christi, TX 78404-3047	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental 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 Office supplies
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Office Overhead/Rental	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Polling Expense	Transportation Equipment & Related
Consulting Expense	Food/Beverage Expense	Printing Expense	Expense
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel In District
Candidate/Officeholder/Political	Legal Services		Travel Out of District
Committee			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 Barbara Canales	3. Filer ID (Ethics Commission Filers)
4 Date 10/09/2018	5 Payee name Office Depot	
6 Amount \$62.95	7 Payee address; City; State; Zip Code 1737 S Staples St Corpus Christi, TX 78404-3047	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental 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 Office supplies
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
4 Date 10/10/2018	5 Payee name Office Depot	
6 Amount \$127.55	7 Payee address; City; State; Zip Code 1737 S Staples St Corpus Christi, TX 78404-3047	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental 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 Office supplies
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
4 Date 10/11/2018	5 Payee name Office Depot	
6 Amount \$139.43	7 Payee address; City; State; Zip Code 1737 S Staples St Corpus Christi, TX 78404-3047	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental 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 Office supplies
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Office Overhead/Rental	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Polling Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out of District
Credit Card Payment	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Barbara Canales	3. Filer ID (Ethics Commission Filers)
4 Date 10/19/2018	5 Payee name Office Depot	
6 Amount \$30.54	7 Payee address; City; State; Zip Code 1737 S Staples St Corpus Christi, TX 78404-3047	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental 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 Office supplies
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 10/23/2018	5 Payee name Party City	
6 Amount \$103.77	7 Payee address; City; State; Zip Code 5425 S Padre Island Dr Corpus Christi, TX 78411-5301	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event 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 Party supplies
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 10/11/2018	5 Payee name Phunware Inc	
6 Amount \$5,000.00	7 Payee address; City; State; Zip Code 7800 Shoal Creek Blvd Austin, TX 78757-1098	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising 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 Digital ads
9 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 FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Office Overhead/Rental	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Polling Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out of District
Credit Card Payment	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Barbara Canales	3. Filer ID (Ethics Commission Filers)
4 Date 10/16/2018	5 Payee name PIBA	
6 Amount \$2,000.00	7 Payee address; City; State; Zip Code 14493 S Padre Island Dr Corpus Christi, TX 78418-5931	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Taste of the Island Sponsor
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 10/16/2018	5 Payee name Quick Print	
6 Amount \$16.24	7 Payee address; City; State; Zip Code 615 Leopard St Corpus Christi, TX 78401-7801	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental 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 Copies
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 10/16/2018	5 Payee name Jim Ranes	
6 Amount \$369.90	7 Payee address; City; State; Zip Code 104 Water Oak Cv Round Rock, TX 78664-6349	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising 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 Graphic Design
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Office Overhead/Rental	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Polling Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out of District
Credit Card Payment	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Barbara Canales	3. Filer ID (Ethics Commission Filers)
4 Date 10/24/2018	5 Payee name Rental World	
6 Amount \$330.86	7 Payee address; City; State; Zip Code 3729 Saratoga Blvd Corpus Christi, TX 78415-5812	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event 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 Party supplies
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 10/01/2018	5 Payee name Sage Payment Solutions	
6 Amount \$420.62	7 Payee address; City; State; Zip Code 12120 Sunset Hills Rd Ste 500 Reston, VA 20190-5858	
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 Credit card fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 10/22/2018	5 Payee name Stitch It Embroidery	
6 Amount \$435.99	7 Payee address; City; State; Zip Code 4333 S Alameda St Corpus Christi, TX 78412-2400	
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 T-shirts
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Office Overhead/Rental	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Polling Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out of District
Credit Card Payment	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Barbara Canales	3. Filer ID (Ethics Commission Filers)
4 Date 10/24/2018	5 Payee name Thomas Graphics	
6 Amount \$2,614.82	7 Payee address; City; State; Zip Code 9501 N Interstate 35 Austin, TX 78753-3821	
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 Postcard mailing
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 10/18/2018	5 Payee name Time Warner Cable	
6 Amount \$65.42	7 Payee address; City; State; Zip Code 4001 Saratoga Blvd Ste 106 Corpus Christi, TX 78413-2145	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental 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 Internet
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 10/16/2018	5 Payee name US Postal Service	
6 Amount \$2,550.00	7 Payee address; City; State; Zip Code 902 Ayers St Corpus Christi, TX 78404-1916	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental 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 Postcard stamps
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Office Overhead/Rental	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Polling Expense	Transportation Equipment & Related
Consulting Expense	Food/Beverage Expense	Printing Expense	Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel In District
Credit Card Payment	Legal Services		Travel Out of District
			Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Barbara Canales	3. Filer ID (Ethics Commission Filers)
4 Date 10/18/2018	5 Payee name US Postal Service	
6 Amount \$650.00	7 Payee address; City; State; Zip Code 902 Ayers St Corpus Christi, TX 78404-1916	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental 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 Stamps
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 09/28/2018	5 Payee name Walgreens	
6 Amount \$15.16	7 Payee address; City; State; Zip Code 4161 S Staples St Corpus Christi, TX 78411-2155	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental 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 Office supplies
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 09/28/2018	5 Payee name Walgreens	
6 Amount \$15.16	7 Payee address; City; State; Zip Code 4161 S Staples St Corpus Christi, TX 78411-2155	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental 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 Office supplies
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Office Overhead/Rental	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Polling Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out of District
Credit Card Payment	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Barbara Canales	3. Filer ID (Ethics Commission Filers)
4 Date 10/04/2018	5 Payee name Walgreens	
6 Amount \$19.89	7 Payee address; City; State; Zip Code 4161 S Staples St Corpus Christi, TX 78411-2155	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental 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 Office supplies
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 10/19/2018	5 Payee name Walgreens	
6 Amount \$39.29	7 Payee address; City; State; Zip Code 4161 S Staples St Corpus Christi, TX 78411-2155	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental 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 Office supplies
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 10/22/2018	5 Payee name Walgreens	
6 Amount \$23.83	7 Payee address; City; State; Zip Code 4161 S Staples St Corpus Christi, TX 78411-2155	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental 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 Office supplies
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Office Overhead/Rental	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Polling Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel In District
Credit Card Payment	Legal Services		Travel Out of District
			Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Barbara Canales	3. Filer ID (Ethics Commission Filers)
4 Date 10/22/2018	5 Payee name Whataburger	
6 Amount \$150.00	7 Payee address; City; State; Zip Code 121 N Shoreline Blvd Corpus Christi, TX 78401-2808	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Gift/Awards/Memorials 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 Volunteer gift cards
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 10/09/2018	5 Payee name Wilke Tire Service	
6 Amount \$15.00	7 Payee address; City; State; Zip Code 1202 S Port Ave Corpus Christi, TX 78405-2308	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Transportation Equipment & Related 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 Tire repair
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 10/01/2018	5 Payee name Emily Williams	
6 Amount \$513.75	7 Payee address; City; State; Zip Code 2611 Morgan Ave Corpus Christi, TX 78405-1808	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Office Overhead/Rental	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Polling Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out of District
Credit Card Payment	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Barbara Canales	3. Filer ID (Ethics Commission Filers)
4 Date 10/16/2018	5 Payee name Emily Williams	
6 Amount \$413.75	7 Payee address; City; State; Zip Code 2611 Morgan Ave Corpus Christi, TX 78405-1808	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 10/09/2018	5 Payee name Wingstop	
6 Amount \$72.25	7 Payee address; City; State; Zip Code 4918 Ayers St Corpus Christi, TX 78415-1430	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage 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 Volunteer dinner
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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