CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instructi	on Guide explains how	to complete this form.	1. Filer ID (Ethics Commis	ssion Filers)	2. Total pages	s filed:
3 CANDIDATE/ OFFICEHOLDE NAME	MS/MRS/MR R NICKNAME	FIRST Barbara LAST		MI	Date Received	9 2018
4 CANDIDATE/ OFFICEHOLDE ADDRESS Change of Address	ADDRESS /PO BOX: 401 N Tancahua	Canales APT/SUITE # CITY Corpus Ch		ZIP CODE 78401	CLERK, CLUNTY COLD BY CLUC Date Hand-delivered	A SANDS A SANDS DEPUT OF Date Postmarked
5 CANDIDATE/ OFFICEHOLDE PHONE		HONE NUMBER 3-7369	EXTENSIO	N	Receipt#	Amount \$
6 CAMPAIGN TREASURER NAME	MS/MRS/MR NICKNAME	FIRST Scott LAST Humpal		MI	Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS: 401 N Tancahua	APT/SUITE#	CITY Corpus Chris	STATE:	ZIP CODE 78401	
8 CAMPAIGN TREASURER PHONE	AREA CODE (210) 633	PHONE NUMBER 3-7369	EXTENSIO	N	12	
9 REPORT TYPE	January 15 July 15	30th day before election		noff ceeded \$500 limit	appointmen	er campaign tresurer t (officeholder only) (Attach- COH-FR)
10 PERIOD COVERED	Month Day 09/28/2018	Year TH	ROUGH	Month	Day Yes 10/27/2018	ar
11 ELECTION	ELECTION DATE Month Day 11/06/2018	Year Primar	y 🔲 i	Runoff (Other	
12 OFFICE	OFFICE HELD (if any)		1	3 OFFICE SOUGH Other Office	IT (if known) : County Judge	
	- Stiller Occupied	GO TO PA		49-4-1-1		Devised 0/0/0015
Forms provided by Texa	s etnics Commission	www.ethics.state.	IX.US			Revised 9/8/2015

2018-131

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

0,		•	OVERGINEE
14 C/OH NAME	Barbara Canales	1!	5 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF PO SUPPORT THE CANDIDATE / OF KNOWLEDGE OR CONSENT. CA OF SUCH EXPENDITURES.	DLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES M FICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOU NDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INF	IADE BY POLITICAL COMMITTEES TO T THE CANDIDATE'S OR OFFICEHOLDER'S FORMATION ONLY IF THEY RECEIVE NOTICE
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1 TOTAL POLITICAL PLEDGES, LOANS	CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN 5, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$0.00
	2 TOTAL POLITICAL (OTHER THAN PL	CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$31,134.75
EXPENDITURE TOTALS	3 TOTAL POLITICAL	\$0.00	
1017.20	4 TOTAL POLITICA	L EXPENDITURES	\$61,204.02
CONTRIBUTION BALANCE	5 TOTAL POLITICA OF REPORTING	L CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY PERIOD	\$17,936.48
OUTSTANDING LOAN TOTALS	6 TOTAL PRINCIPA	AL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE IE REPORTING PERIOD	\$0.00
18 AFFIDAVIT ROM Sworn to and subs	IANITA M CANSECO ID# 671816-2 Notary Public STATE OF TEXAS COSTRAMENDS DAID 9:2020 Socribed before me, by the s	me under Title 15, Election Code Signature of Cano	erjury, that the accompanying report aformation required to be reported by didate or Officeholder this the
Romanita	m. Canse to	Romanita M. Canseco Printed name of officer administering oath Title	e of officer administering oath
Signature of officer a	autilitioteting odut	versus othics state ty us	Revised 9/8/20

SUBTOTALS - COH

FORM C/OH COVER SHEET PG 3

	ILER NAME Barbara Canales	20. FILER ID (Ethio	cs Commission Filers)
21. S	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 CONTR	IBUTIONS	\$61,204.02
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CON	TRIBUTIONS	\$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 COM	NTRIBUTIONS	\$0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS AND CONTRIBUTION TO FILER	IS RETURNED	\$0.00

SCHEDULE A1

The Ins	truction Guide explains how to complete this form. 1. Total pages Schedule A1: not available	
FILER NAME Barbara Canales	3. Filer ID (Ethics Commission F	ilers)
Date	5. Full name of contributor out-of-state PAC 7. Amount of contribution (\$)	
0/19/2018	CECILIA AKERS	\$500.00
N 17/2010	6. Contributor address; City; State; ZIP Code	
	2014 Encino Vis San Antonio, TX 78259-2430	
Principal occup	pation / Job title (See Instructions) Papist 9 Employer (See Instructions) Homecare Dimensions	
. Date	5. Full name of contributor Out-of-state PAC 7. Amount of contribution (\$)	
0/26/2018	Phyllis Allen	\$50.00
0/20/2010	6. Contributor address; City; State; ZIP Code	
	4350 Ocean Dr Apt 1003 Corpus Christi, TX 78412-2595	
3. Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions) Self employed	
Self employe	ed Sett employed	
4. Date	5. Full name of contributor Out-of-state PAC 7. Amount of contribution (4)	0.500.00
10/15/2018	Brett Anthony	\$500.00
	6. Contributor address; City; State; ZIP Code	
	5717 Ocean Dr 5717 ocean drive Corpus Christi, TX 78412-2847	
8. Principal occu	upation / Job title (See Instructions) 9 Employer (See Instructions) Self	
4. Date	5. Full name of contributor out-of-state PAC 7. Amount of contribution (\$)	
10/15/2018	Fred Ballard	\$2,000.00
10/13/2010	6. Contributor address; City; State; ZIP Code	
	1516 Overland Stage Rd Dripping Springs, TX 78620-2317	
8. Principal occ	upation / Job title (See Instructions) Building & Design 9 Employer (See Instructions) Senior Advisor	
4. Date	5. Full name of contributor	
10/25/2018	Margaret Banales	\$100.00
	6. Contributor address; City; State; ZIP Code	
	3134 Seven Trees Dr Corpus Christi, TX 78410-2422	
8. Principal occ	cupation / Job title (See Instructions) Self Employed	

SCHEDULE A1

The Inst	ruction Guide explains how to complete this form.		Total pages Schedule A1: not available	
2. FILER NAME Barbara Canales			3. Filer ID (Ethics Commission Fil	ers)
1. Date	5. Full name of contributor out-of-state PAC		7. Amount of contribution (\$)	
0/22/2018	Sylvia Benavides			\$200.00
	6. Contributor address; City; State; Z	IP Code		
1	7601 Sauve Terre Corpus Christi, TX 78414-6178			
3. Principal occup	oation / Job title (See Instructions)	1 350 8	yer (See Instructions) elf employed	
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
10/12/2018	Bonnie Berry			\$1,000.00
	6. Contributor address; City; State; Z	IP Code		
	4550 River Park Dr Corpus Christi, TX 78410-5671			200000
8. Principal occup Bay Ltd	pation / Job title (See Instructions)		yer (See Instructions) Excutive	
4. Date	Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
10/17/2018	Kanti Bhakta			\$1,000.00
	6. Contributor address; City; State; Z	ZIP Code	*	
	6301 S Padre Island Dr Corpus Christi, TX 78412-4013			
Principal occu Kanti Bhakta	pation / Job title (See Instructions)	1000	oyer (See Instructions) Self	
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
10/26/2018	Richard Borchard			\$1,000.00
	6. Contributor address; City; State; 2	ZIP Code		
	481 Meyer Rd Westhoff, TX 77994-4133			
8. Principal occu Business De	pation / Job title (See Instructions)	9 Emple	oyer (See Instructions) Lineberger Goggan Blair & Sampson	
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
10/11/2018	Viola Cavazos			\$30.00
	6. Contributor address; City; State;	ZIP Code		
	4214 Dinn St Corpus Christi, TX 78415-5223			
8. Principal occu	upation / Job title (See Instructions)	2762	oyer (See Instructions)	27
Retired			Retired	

SCHEDULE A1

The Ins	truction Guide explains how to complete this form.	Total pages Schedule A1: not available
FILER NAME Barbara Canales		3. Filer ID (Ethics Commission Filers)
. Date	5. Full name of contributorout-of-state PAC	7. Amount of contribution (\$)
0/26/2018	Albert Cortez	\$2,500.00
	6. Contributor address; City; State; ZIP Cod	e
	8402 Forest Heights Ln Austin, TX 78749-3504	
. Principal occu	pation / Job title (See Instructions) 9 Em	ployer (See Instructions) Self
. Date	Full name of contributorout-of-state PAC	7. Amount of contribution (\$)
9/28/2018	Annette Cottingham	\$500.00
	6. Contributor address; City; State; ZIP Con	de
	5309 Williams Dr Corpus Christi, TX 78411-4638	
3. Principal occu	pation / Job title (See Instructions) 9 En	nployer (See Instructions) Retired
1. Date	5. Full name of contributorout-of-state PAC	7. Amount of contribution (\$)
0/11/2018	Carlos Cuellar	\$150.00
	6. Contributor address; City; State; ZIP Co	de
	2529 Gollihar Rd Corpus Christi, TX 78415-5229	
8. Principal occu	upation / Job title (See Instructions) 9 Er iness Consultants	nployer (See Instructions) Self
4. Date	5. Full name of contributorout-of-state PAC	7. Amount of contribution (\$)
10/24/2018	Amanda & Mance Cutbirth	\$100.00
	6. Contributor address; City; State; ZIP Co	de
	14318 Playa Del Rey Corpus Christi, TX 78418-7505	
8. Principal occ	upation / Job title (See Instructions) 9 E	mployer (See Instructions) Ccoms
4. Date	5. Full name of contributorout-of-state PAC	7. Amount of contribution (\$)
10/22/2018	Lucia Dailey	\$200.00
	6. Contributor address; City; State; ZIP Co	ode
	PO Box 783 Port Aransas, TX 78373-0783	
8. Principal occ Self employ	supation / Job title (See Instructions) 9 E	imployer (See Instructions) Self employed

SCHEDULE A1

truction Guide explains how to complete this form.		Total pages Schedule A1: not available	
			ers)
5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
Anne Dobson			\$250.00
6. Contributor address; City; State; ZIF	Code		
3701 Denver Ave Corpus Christi, TX 78411-1313			
pation / Job title (See Instructions)		elf Employed	
		7. Amount of contribution (\$)	
Monica Ellison			\$100.00
6. Contributor address; City; State; ZIF	P Code		
4020 Santa Fe St Corpus Christi, TX 78411-1241			
pation / Job title (See Instructions)	9 Emplo	yer (See Instructions)	
)T	1		
5. Full name of contributorout-of-state PAC		γ. Amount of contribution (ψ)	
Scott Ellison			\$250.00
6. Contributor address; City; State; ZI	P Code		
410 Pueblo St Corpus Christi, TX 78405-3034			
upation / Job title (See Instructions)	the second second	Self	
Full name of contributor		7. Amount of contribution (\$)	
Laura L Estrada			\$25.00
6. Contributor address; City; State; Z	IP Code		
3518 Fairmont Dr Corpus Christi, TX 78408-3508			
upation / Job title (See Instructions)		LiftFund, Inc	
5. Full name of contributor out-of-state PAC		7. Amount of contribution (\$)	
Stephanie Fernandez			\$80.00
6. Contributor address; City; State; Z	IP Code		
3254 Austin St Corpus Christi, TX 78404-2416			
cupation / Job title (See Instructions)	9 Emp	loyer (See Instructions) Self employed	
	5. Full name of contributor	5. Full name of contributor out-of-state PAC Anne Dobson 6. Contributor address; City; State; ZIP Code 3701 Denver Ave Corpus Christi, TX 78411-1313 9 Employ State; City; State; ZIP Code 3701 Denver Ave Corpus Christi, TX 78411-1313 9 Employ State; City; State; ZIP Code State; Contributor address; City; State; ZIP Code 4020 Santa Fe St Corpus Christi, TX 78411-1241 9 Employ 15 Full name of contributor out-of-state PAC Scott Ellison 6. Contributor address; City; State; ZIP Code 410 Pueblo St Corpus Christi, TX 78405-3034 19 Employ 15 Full name of contributor out-of-state PAC 410 Pueblo St Corpus Christi, TX 78405-3034 19 Employ 15 Full name of contributor out-of-state PAC 410 Pueblo St Corpus Christi, TX 78405-3034 19 Employ 15 Full name of contributor out-of-state PAC 410 Pueblo St Corpus Christi, TX 78408-3508 19 Employ 15 Full name of contributor out-of-state PAC 410 Pueblo St Corpus Christi, TX 78408-3508 19 Employ 15 Full name of contributor out-of-state PAC 410 Pueblo St Corpus Christi, TX 78408-3508 19 Employ 15 Full name of contributor 15 Full name of contr	struction Guide explains how to complete this form. 3. Filer ID (Ethics Commission File form. 3. Filer ID (Ethics Commission File form. 4. Anne Dobson 6. Contributor address; City; State; ZIP Code 3701 Denver Ave Corpus Christi, TX 78411-1313 3701 Denver Ave Corpus Christi, TX 78411-1313 3701 Denver Ave Corpus Christi, TX 78411-1313 4. Employer (See Instructions) 5. Full name of contributor

SCHEDULE A1

The Inst	ruction Guide explains how to complete this form.		Total pages Schedule A1: not available	
2. FILER NAME Barbara Canales			3. Filer ID (Ethics Commission File	ers)
I. Date	5. Full name of contributor Out-of-state PAC		7. Amount of contribution (\$)	
0/02/2018	Elvira Garcia			\$100.00
	6. Contributor address; City; State; Z	P Code		
	1503 Daytona Dr Corpus Christi, TX 78415-4907			
B. Principal occup Retired	pation / Job title (See Instructions)		yer (See Instructions) etired	
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
10/15/2018	Josefina Garcia			\$40.00
	6. Contributor address; City; State; Z	IP Code		
	2645 Nemec St Corpus Christi, TX 78415-1607			
Principal occup Retired	pation / Job title (See Instructions)		yer (See Instructions) Letired	
4. Date	Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
10/25/2018	Luis Garcia			\$100.00
	6. Contributor address; City; State; Z	ZIP Code		
	1310 Easthaven Dr Corpus Christi, TX 78412-4108			
Principal occu Self Employe	pation / Job title (See Instructions)		oyer (See Instructions) Self Employed	
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
10/15/2018	Nick Garcia			\$200.00
	6. Contributor address; City; State;	ZIP Code		
	15409 Cruiser St Corpus Christi, TX 78418-6669			
8. Principal occu	upation / Job title (See Instructions)		oyer (See Instructions) Selfemployed	
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
10/22/2018	Carmen Garza			\$100.00
	6. Contributor address; City; State;	ZIP Code		
	4210 Pecan Valley Dr Corpus Christi, TX 78413-2508			
8. Principal occi	upation / Job title (See Instructions)	9 Emp	loyer (See Instructions) Self employed	

SCHEDULE A1

The Ins	struction Guide explains how to complete this form. 1. Total pages Schedule A1: not available	
FILER NAME Barbara Canales		lers)
. Date	5. Full name of contributor Out-of-state PAC 7. Amount of contribution (\$)	
0/22/2018	Eloy Garza	\$500.00
	6. Contributor address; City; State; ZIP Code	
	9525 Huntington Dr Corpus Christi, TX 78410-1514	
B. Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions) Sherwin Aluminum	
1. Date	5. Full name of contributorout-of-state PAC 7. Amount of contribution (\$)	
0/26/2018	Gignac & Associates LLP	\$500.00
	6. Contributor address; City; State; ZIP Code	
	416 Starr St Corpus Christi, TX 78401-2343	
8. Principal occu	upation / Job title (See Instructions) 9 Employer (See Instructions)	
4. Date	5. Full name of contributor out-of-state PAC 7. Amount of contribution (\$)	
09/28/2018	Bobby Gonzalez	\$10.00
J9/28/2010	6. Contributor address; City; State; ZIP Code	
	8401 Lago Vista Dr Corpus Christi, TX 78414-6344	
	upation / Job title (See Instructions) 9 Employer (See Instructions) Texas Department of Insurance	
Manager 4. Date	5. Full name of contributor Out-of-state PAC 7. Amount of contribution (\$)	
10/26/2018	Maria Elena Guerra	\$50.00
10/20/2018	6. Contributor address; City; State; ZIP Code	
	7546 Annemasse St Corpus Christi, TX 78414-6113	
Principal occ Retired	cupation / Job title (See Instructions) 9 Employer (See Instructions) Retired	
4. Date	5. Full name of contributor Out-of-state PAC 7. Amount of contribution (\$)	
10/10/2018	Sylvia Gutierrez	\$25.00
10,10,20.0	6. Contributor address; City; State; ZIP Code	
	4638 Franklin Dr Corpus Christi, TX 78415-1652	
8. Principal oc Retired	cupation / Job title (See Instructions) 9 Employer (See Instructions) Retired	

SCHEDULE A1

The Ins	struction Guide explains how to complete this form. 1. Total pages Sch	
FILER NAME Barbara Canales		
. Date	5. Full name of contributor out-of-state PAC 7. Amount of contr	ibution (\$)
0/20/2018	Joseph Horin	\$50.00
37 Table (1871)	6. Contributor address; City; State; ZIP Code	
	7502 Angelwing Dr Corpus Christi, TX 78414-6081	
. Principal occu Electronics T	pation / Job title (See Instructions) 9 Employer (See Instructions) USDOT	
. Date	5. Full name of contributor 7. Amount of cont	ribution (\$)
0/09/2018	Chadwick Huckabee	\$200.00
	6. Contributor address; City; State; ZIP Code	
	2262 Lombardy Dr Corpus Christi, TX 78418-4651	
R Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruction	s)
Teacher	CCISD	Libertian (ft)
1. Date	Full name of contributor	(TIDUTION (Ф)
10/24/2018	James Klein	\$100.00
	6. Contributor address; City; State; ZIP Code	
	3501 Monterrey St Corpus Christi, TX 78411-1709	
8. Principal occu	upation / Job title (See Instructions) 9 Employer (See Instruction Del Mar College	
4. Date	5. Full name of contributor Out-of-state PAC 7. Amount of con	tribution (\$)
10/26/2018	Paul Kratzig	\$100.00
H 17-303000 0000000000000000000000000000000	6. Contributor address; City; State; ZIP Code	
	615 N Upper Broadway St Ste 900 Corpus Christi, TX 78401-0799	
8. Principal occ	cupation / Job title (See Instructions) 9 Employer (See Instructions)	ns)
Attorney	Self 7. Amount of col	atribution (\$)
4. Date	5. Full name of contributor out-of-state PAC/. Amount of contributor	
10/26/2018	Matt Layton	\$200.00
	6. Contributor address; City; State; ZIP Code	
	235 Amistad St Corpus Christi, TX 78404-1605	
	cupation / Job title (See Instructions) others Optical 9 Employer (See Instruction Owner	ons)

SCHEDULE A1

The Ins	truction Guide explains how to complete this form. 1. Total pages Schedule A1: not available	
FILER NAME Barbara Canales	3. Filer ID (Ethics Commission File	ers)
. Date	5. Full name of contributor out-of-state PAC 7. Amount of contribution (\$)	
0/05/2018	William Liles	\$50.00
	6. Contributor address; City; State; ZIP Code	
	13833 Eaglesnest Bay Dr Corpus Christi, TX 78418-6302	
Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions) Retired	
I. Date	5. Full name of contributor Out-of-state PAC 7. Amount of contribution (\$)	
0/09/2018	Elizabeth Locke Welsh	\$100.00
	6. Contributor address; City; State; ZIP Code	
	134 Alta Plz Corpus Christi, TX 78411-1412	
8. Principal occu	upation / Job title (See Instructions) 9 Employer (See Instructions)	
Elizabeth W	elsh Interior Design	
4. Date	5. Full name of contributor out-of-state PAC //. Amount of contribution (4)	
10/11/2018	Alfredo Longoria	\$100.00
	6. Contributor address; City; State; ZIP Code	
	4205 Aaron Cv Corpus Christi, TX 78413-4444	
8. Principal occ Reitred	upation / Job title (See Instructions) 9 Employer (See Instructions) Retired	
4. Date	5. Full name of contributor out-of-state PAC 7. Amount of contribution (\$)	
10/11/2018	Irene Longoria	\$500.00
	6. Contributor address; City; State; ZIP Code	
	5050 Greenbriar Dr Corpus Christi, TX 78413-2720	
8. Principal occ Self emplo	cupation / Job title (See Instructions) 9 Employer (See Instructions) Self employed	
4. Date	5. Full name of contributor out-of-state PAC 7. Amount of contribution (\$)	
10/25/2018	Judith Loverde	\$50.00
10/23/2010	6. Contributor address; City; State; ZIP Code	
	909 Driftwood Pl Corpus Christi, TX 78411-2225	
8. Principal oc Retired	cupation / Job title (See Instructions) 9 Employer (See Instructions) Retired	

SCHEDULE A1

The Instruction Guide explains how to complete this form.			Total pages Schedule A1: not available	
FILER NAME Barbara Canales			3. Filer ID (Ethics Commission Filers)	
4. Date	5. Full name of contributor Out-of-state PAC		7. Amount of contribution (\$)	
10/03/2018	Michelle Moffitt		\$250.00	
	6. Contributor address; City; State;	ZIP Code		
	134 Louisiana Ave Corpus Christi, TX 78404-1702			
Principal occup Self Employe	pation / Job title (See Instructions) d		yer (See Instructions) elf Employed	
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
10/24/2018	Rose Navalta		\$150.00	
	6. Contributor address; City; State;	ZIP Code		
	5525 Wooldridge Rd Corpus Christi, TX 78413-3838			
Principal occup Realtor	pation / Job title (See Instructions)		yer (See Instructions) Metro Properties	
4. Date	Full name of contributor	1	7. Amount of contribution (\$)	_
10/25/2018	Vera Nolen		\$200.00	
	Contributor address; City; State;	ZIP Code	\$200.00	
	617 Dolphin Pl Corpus Christi, TX 78411-2215			
Principal occup Retired	pation / Job title (See Instructions)		l yer (See Instructions) etired	
4. Date	Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
10/16/2018	C. K. Osborne MD		\$250.00	
	6. Contributor address; City; State;	ZIP Code		
	12 Lana Ln Unit B Houston, TX 77027-5640			
	pation / Job title (See Instructions) ge of Medicine	The manner of the	yer (See Instructions) hysician	
4. Date	Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
10/09/2018	Oso Transport LLC		\$200.00	
	6. Contributor address; City; State;	ZIP Code		
	3041 Holly Rd Corpus Christi, TX 78415-2306			
Principal occur	pation / Job title (See Instructions)	9 Emplo	yer (See Instructions)	

SCHEDULE A1

The Ins	struction Guide explains how to complete this form.	Total pages Schedule A1: not available
. FILER NAME Barbara Canale	rs .	Filer ID (Ethics Commission Filers)
. Date	5. Full name of contributorout-of-state PAC	7. Amount of contribution (\$)
0/25/2018	AV Patel	\$500.00
	6. Contributor address; City; State; ZIP Cod-	е
	300 N Shoreline Blvd Corpus Christi, TX 78401-2565	
B. Principal occu	apation / Job title (occ metadations)	ployer (See Instructions) Self Employed
I. Date	Full name of contributorout-of-state PAC	7. Amount of contribution (\$)
0/05/2018	David Perry	\$1,000.00
	6. Contributor address; City; State; ZIP Cod	de
	PO Box 1500 Corpus Christi, TX 78403-1500	
8. Principal occi		nployer (See Instructions) Perry & Haas
Attorney		7. Amount of contribution (\$)
4. Date	Full name of contributorout-of-state PAC	
10/17/2018	Cladolmira Pizana	\$500.00
	6. Contributor address; City; State; ZIP Cod	de
	4610 Dody St Corpus Christi, TX 78411-3514	
Principal occ Self employ	supation 7 30b title (occ mondoners)	nployer (See Instructions) Self employed
4. Date	Full name of contributorout-of-state PAC	7. Amount of contribution (\$)
10/12/2018	David Poplack	\$250.00
	6. Contributor address; City; State; ZIP Co	ode
	806 Saddlewood Ln Houston, TX 77024-5407	
8. Principal occ Texas Chil	cupation / Job title (See Instructions) 9 En	mployer (See Instructions) Physician
4. Date	Full name of contributor	7. Amount of contribution (\$)
10/22/2018	Esther Read	\$100.00
	6. Contributor address; City; State; ZIP Co	ode
	133 Kush Ln Corpus Christi, TX 78404-1611	
8. Principal oc	ccupation / Job title (See Instructions) 9 E	Employer (See Instructions) Self employed
Self emplo		Sen employed

SCHEDULE A1

The Instruction Guide explains how to complete this form.			Total pages Schedule A1: not available		
FILER NAME Barbara Canales	3		3. Filer ID (Ethics Commission Filers)		
4. Date	5. Full name of contributorout-of-state P.	AC	7. Amount of contribution (\$)		
10/09/2018	Ralph Reyes		\$10.00		
	6. Contributor address; City; Sta	ate; ZIP Code			
	725 Villa Dr Apt 31 Corpus Christi, TX 78408-28:	52			
Principal occu Retired	pation / Job title (See Instructions)		yer (See Instructions) etired		
4. Date	5. Full name of contributorout-of-state P	AC	7. Amount of contribution (\$)		
10/17/2018	Del Richardson		\$300.00		
	6. Contributor address; City; Sta	ate; ZIP Code			
	510 S La Brea Ave Inglewood, CA 90301-2724				
Principal occu Del Richards	pation / Job title (See Instructions) on LLC	(C) 7/100	yer (See Instructions) elf		
4. Date	5. Full name of contributorout-of-state P	AC	7. Amount of contribution (\$)		
10/15/2018	Augustin Rivera Jr.		\$250.00		
	6. Contributor address; City; Sta	ate; ZIP Code			
	426 Cape Cod Dr Corpus Christi, TX 78412-2623	8			
8. Principal occu	pation / Job title (See Instructions)		yer (See Instructions) Del Mar College District		
4. Date	5. Full name of contributorout-of-state P	AC	7. Amount of contribution (\$)		
10/10/2018	Debra Rodriguez		\$250.00		
	6. Contributor address; City; Sta	ate; ZIP Code			
	713 Ayers St Corpus Christi, TX 78404-1912				
8. Principal occu	pation / Job title (See Instructions)		yer (See Instructions) Lodriguez & Moretzsohn		
4. Date	5. Full name of contributor out-of-state P	AC	7. Amount of contribution (\$)		
10/09/2018	Roxane Rolingson		\$50.00		
	6. Contributor address; City; Sta	ate; ZIP Code	255.65		
	218 Leming Ave Corpus Christi, TX 78404-1719				
8. Principal occu	pation / Job title (See Instructions)	9 Emplo	yer (See Instructions)		
Artist		S	elf Employed		

SCHEDULE A1

The Ins	truction Guide explains how to complete this form.	Total pages Schedule A1: not available
FILER NAME Barbara Canales		3. Filer ID (Ethics Commission Filers)
4. Date	Full name of contributorout-of-state PAC	7. Amount of contribution (\$)
10/21/2018	David Rumley	\$500.00
	6. Contributor address; City; State; ZIP	Code
	123 N Carrizo St Corpus Christi, TX 78401-3001	
Principal occup attorney	pation / Job title (See Instructions)	B Employer (See Instructions) Wigington Rumley Dunn & Blair, LLP
4. Date	5. Full name of contributorout-of-state PAC	7. Amount of contribution (\$)
10/11/2018	Alana Seal	\$100.00
	6. Contributor address; City; State; ZIP	Code
	5633 Medeabrook Pl Agoura Hills, CA 91301-1510	
10 march 10 mm		Employer (See Instructions) Keystone Group
Event planner 4. Date	Full name of contributor	7. Amount of contribution (\$)
10/22/2018	Diana Sepulveda	\$100.00
10/22/2016	Salteratoric Anopera relativo sus Butter de controlatorio resource. Anopera de la controlatorio relativo de la controlatorio resource. Anopera de la controlatorio de la controlatorio resource de la controlatorio della contro	P Code
	4558 Silver Hollow Dr Corpus Christi, TX 78413-5084	
9 Principal occur		9 Employer (See Instructions)
Self employe		Selfemployed
4. Date	Full name of contributorout-of-state PAC	7. Amount of contribution (\$)
09/29/2018	Terry Shamsie	\$100.00
	6. Contributor address; City; State; ZIP	P Code
	4002 Castle Valley Dr Corpus Christi, TX 78410-3629	
8. Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)
Lawyer		Self Employed
4. Date	5. Full name of contributorout-of-state PAC	7. Amount of contribution (\$)
09/28/2018	Mary Anne Sinclair	\$50.00
	6. Contributor address; City; State; ZIF	P Code
	3535 Santa Fe St Unit 17 Corpus Christi, TX 78411-1346	
COLOR STREET THE PROPERTY OF T	pation / Job title (See Instructions)	9 Employer (See Instructions)
realtor	_	ColdwellBanker Pacesetter Steel

SCHEDULE A1

The Ins	truction Guide explains how to complete this form.	Total pages Schedule A1: not available
. FILER NAME Barbara Canales		3. Filer ID (Ethics Commission Filers)
. Date	Full name of contributor	7. Amount of contribution (\$)
0/09/2018	Shannon Stokes Russek	\$250.00
	6. Contributor address; City; State; ZIP Code	
	217 Leming Ave Corpus Christi, TX 78404-1718	
Principal occup	pation / Job title (See Instructions) 9 Emp	oloyer (See Instructions) Self employed
1. Date	Full name of contributor	7. Amount of contribution (\$)
0/01/2018	Donald Taft	\$1,000.00
	6. Contributor address; City; State; ZIP Code	e
	401 Coral Pl Corpus Christi, TX 78411-1530	
R Principal occu	pation / Job title (See Instructions) 9 Em	ployer (See Instructions)
CEO		Tejas Management Systems, Inc.
4. Date	Full name of contributor	7. Amount of contribution (\$)
10/09/2018	Dolly Trolley	\$100.00
	6. Contributor address; City; State; ZIP Cod	le
	3442 San Antonio St Corpus Christi, TX 78411-1434	
Principal occu Consultant	upation / Job title (See Instructions) 9 Em	oployer (See Instructions) Self employed
4. Date	Full name of contributor	7. Amount of contribution (\$)
10/04/2018	Vaquero PAC	\$5,000.00
	6. Contributor address; City; State; ZIP Coc	de
	10715 Gulfdale St Ste 235 San Antonio, TX 78216-3666	
8. Principal occ	upation / Job title (See Instructions) 9 En	nployer (See Instructions)
4. Date	5. Full name of contributorout-of-state PAC	7. Amount of contribution (\$)
09/28/2018	Mike Westergren	\$100.00
	6. Contributor address; City; State; ZIP Co.	de
	2033 18th St Corpus Christi, TX 78404-3802	
8. Principal occ		mployer (See Instructions) Self

SCHEDULE A1

The Instruction Guide explains how to complete this form.			Total pages Schedule A1: not available
FILER NAME Barbara Canales			3. Filer ID (Ethics Commission Filers)
4. Date	Full name of contributorout-of-state PAC		7. Amount of contribution (\$)
10/05/2018	Mike Westergren		\$100.00
	6. Contributor address; City; State;	ZIP Code	
	2033 18th St Corpus Christi, TX 78404-3802		
8. Principal occup	pation / Job title (See Instructions)	9 Employ	yer (See Instructions)
Attorney		Se	elf
4. Date	Full name of contributorout-of-state PAC		7. Amount of contribution (\$)
10/12/2018	Theodore Yank		\$250.00
	6. Contributor address; City; State;	ZIP Code	
	5302 Beaver Lodge Dr Kingwood, TX 77345-1721		
Principal occupation / Job title (See Instructions) 9 Employ			yer (See Instructions)
Baylor Colleg	e of Medecine	D	irector

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.			Total pages Schedule A2: not available		
2. FILER NAME Barbara Cana			3. Fil	er ID (Ethics Comm	nission Filers)
4. TOTAL OF U	UNITEMIZED IN-KIND POLITICAL CONTRIBUTIO	ONS			\$0.00
5 Date	ate 6 Full name of contributor out-of-state PAC Barbara Canales			8 Amount of contribution (\$)	description Cotton Fest Sponsor
09/28/2018	7 Contributor address; City; State; Zip Code 401 N Tancahua St Ste 201B Corpus Christi, TX 784				de of Texas, complete Schedule T
10 Principal occup	pation / Job Title (FOR NON-JUDICIAL) (See Instructions)	Law Offices of	Barbara	UDICIAL) (See Instruction Canales	
	orincipal occupation (FOR JUDICIAL)		s job title (FOR JUDICIAL) (See Instructions) contributor's spouse (if any) (FOR JUDICIAL)		
14 Contributor's e	employer/law firm (FOR JUDICIAL)	15 Law firm of cor	ntributor	s spouse (if any) (FOR	JUDICIAL)
16 If contributor is	s a child, law firm of parents (if any) (FOR JUDICIAL)				
5 Date	6 Full name of contributorout-of-	state PAC		8 Amount of contribution (\$)	9 In-Kind contribution description Office space
10/01/2018					ide of Texas, complete Schedule T
10 Principal occupation / Job Title (FOR NON-JUDICIAL) (See Instructions) 11 Employer (FOI Canales & Sime		onson	JUDICIAL) (See Instruc		
Attorney 12 Contributor's principal occupation (FOR JUDICIAL) 13 Cont		13 Contributor's	job title	FOR JUDICIAL) (See II	nstructions)
14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law		15 Law firm of co	ontributo	r's spouse (if any) (FOF	R JUDICIAL)
16 If contributor	is a child, law firm of parents (if any) (FOR JUDICIAL)				

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.			Total pages Schedule A2: not available			
	2. FILER NAME Barbara Canales			3. Filer ID (Ethics Commission Filers)		
4. TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIBUTIO	NS			\$0.00	
5 Date	ate 6 Full name of contributor out-of-state PAC Yolanda Canales			8 Amount of contribution (\$)	description T-shirts	
10/03/2018	7 Contributor address; City; State; Zip Code 14 Hewit Dr Corpus Christi, TX 78404-1610				e of Texas, complete Schedule T	
59-03-000 000 000	pation / Job Title (FOR NON-JUDICIAL) (See Instructions)	Self Employed		IUDICIAL) (See Instructi		
Self Employed 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's journal occupation (FOR JUDICIAL)			bb title (FOR JUDICIAL) (See Instructions)			
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of cor	ntributor	's spouse (if any) (FOR .	JUDICIAL)	
16 If contributor	is a child, law firm of parents (if any) (FOR JUDICIAL)					
5 Date	O Tun number of the same	state PAC		8 Amount of contribution (\$)	9 In-Kind contribution description	
10/01/2018	Watts Guerra 7 Contributor address; City; State; Zip Code 4 Dominion Dr San Antonio, TX 78257-1390			\$2,500.00	Billboard de of Texas, complete Schedule T	
10 Principal occupation / Job Title (FOR NON-JUDICIAL) (See Instructions) 11 Employee		11 Employer (FO	R NON-	JUDICIAL) (See Instruc	tions)	
12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's				(FOR JUDICIAL) (See In		
14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law fin		15 Law firm of co	ontributo	r's spouse (if any) (FOR	JUDICIAL)	
16 If contributor	r is a child, law firm of parents (if any) (FOR JUDICIAL)					

	EXPENDIT	URE CATEGORIES	FOR BOX 8	3(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guid	Office Overhead/Renta Polling Expense Printing Expense Salaries/Wages/Contra de explains how to co	ct Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) form.
Total pages Schedule F1:	2. FILER NAME		3 File	er ID (Ethics Commission Filers)
T. TOTAL PUBLIC CO. ISSUED T. T.	Barbara Canales			STIB (Edition Commission Files)
4 Date	5 Payee name			190
10/09/2018	Autozone			
6 Amount \$17.31	7 Payee address; 1245 S Port Ave Corpus Christ	City; i, TX 78405-2307	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed Transportation Equipment & Relate			neck if travel outside of Texas, complete Schedule T neck if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	t Office held
4 Date	5 Payee name		The state of the s	S S S S S S S S S S S S S S S S S S S
10/01/2018	Ruben Banda			
6 Amount \$304.95	7 Payee address; 6806 Island Park Ct Corpus Ch	City; risti, TX 78414-3577	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed Salaries/Wages/Contract Labor	at the top of this schedule)		neck if travel outside of Texas, complete Schedule T neck if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	d Office held
4 Date 10/16/2018	5 Payee name Ruben Banda			
6 Amount \$230.00	7 Payee address; 6806 Island Park Ct Corpus Ch	City; risti, TX 78414-3577	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed Salaries/Wages/Contract Labor	at the top of this schedule)	1 =	neck if travel outside of Texas, complete Schedule T neck if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	Office held
	ATTACH ADDITIONAL COP	IES OF THIS SCHI	EDULE AS	NEEDED

	EXPENDIT	URE CATEGORIES FO	OR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Overhead/Rental Polling Expense Printing Expense	Solic Tran Expe Labor Trav Trav Othe	rel In District rel Out of District er (enter a category not listed above)
Credit Card Payment		de explains non to dom	3 Filer ID	(Ethics Commission Filers)
1. Total pages 1	2. FILER NAME Barbara Canales		J. The ID	, (Lance Community)
4 Date	5 Payee name			
10/01/2018	David Calderon	0'1-	State:	Zip Code
6 Amount \$1,175.01	7 Payee address;2829 Austin St Corpus Christi			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed Salaries/Wages/Contract Labor	a at the top of this soliton.	Check	if Iravel outside or Texas, complete scriedals if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	(Office sought	Office held
4 Date	5 Payee name			
10/16/2018	David Calderon			7:- Code
6 Amount \$1,251.63	7 Payee address; 2829 Austin St Corpus Christ	City; i, TX 78404-1747	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories liste Salaries/Wages/Contract Labor	ed at the top of this schedule)	(b) Description Check Check Check Field services	k if travel outside of Texas, complete Schedule i k if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Э	Office sought	Office held
4 Date 10/01/2018	5 Payee name Campaign Services LLC			7in Codo
6 Amount \$2,500.00	7 Payee address; 7901 Cameron Rd Ste 3-378	City; Austin, TX 78754-3880	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories list Consulting Expense	led at the top of this schedule)		ck if travel outside of Texas, complete scriedule inck if Austin, TX, officeholder living expense insulting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder nam	ne	Office sought	Office held
	ATTACH ADDITIONAL C	OPIES OF THIS SCH	EDULE AS N	NEEDED

	EXPENDIT	URE CATEGORIES	FOR BOX	B(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Overhead/Rental Polling Expense Printing Expense	ct Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)
Total pages Schedule F1:	FILER NAME Barbara Canales		3. Fi	er 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 A	City; ustin, TX 78754-3880	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed Consulting Expense	at the top of this schedule)		ption heck if travel outside of Texas, complete Schedule T check if Austin, TX, officeholder living expense mbursement
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	nt 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 A	City; ustin, TX 78754-3880	State:	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See categories listed Consulting Expense	at the top of this schedule)		ption heck if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense mbursement
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	30,331	Office sough	nt 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 A	City; ustin, TX 78754-3880	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed Consulting Expense	at the top of this schedule)		ption Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense plics re-imbursement
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office soug	nt Office held
ı	ATTACH ADDITIONAL CO	PIES OF THIS SCH	EDULE AS	S NEEDED

	EXPENDIT	URE CATEGORIES FO	OR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Overhead/Rental Polling Expense Printing Expense	Solicitation/F Transportation Expense Labor Travel In Dis Travel Out on Other (enter- Diete this form.	f District a category not listed above)
0=18 (3)(3)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)	2. FILER NAME	•	3. Filer ID (Ethic	s Commission Filers)
Total pages Schedule F1: 2	Barbara Canales			
4 Date	5 Payee name			
10/18/2018	Campaign Services LLC		State:	Zip Code
6 Amount \$2,500.00	7 Payee address; 7901 Cameron Rd Ste 3-378 A			<u></u>
PURPOSE OF EXPENDITURE	(a) Category (See categories lister Consulting Expense	a at the top of this soliton	Check if Austin,	utside of Texas, complete Schedule T TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
4 Date	5 Payee name			
10/19/2018	Campaign Services LLC		01-1	Zip Code
6 Amount \$75.00	7 Payee address; 7901 Cameron Rd Ste 3-378	City; Austin, TX 78754-3880	State:	Zip oode
PURPOSE OF EXPENDITURE	(a) Category (See categories lists Consulting Expense	ed at the top of this schedule)	(b) Description Check if travel Check if Austir	outside of Texas, complete Schedule T a, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder nam	е	Office sought	Office held
4 Date	5 Payee name			
10/01/2018	Alex Chadwell			7in Codo
6 Amount \$674.25	7 Payee address; 4417 Totton Dr Corpus Chri	City; sti, TX 78411-2829	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories lis Salarics/Wages/Contract Labor	ted at the top of this schedule)	Check if Aust	outside of Texas, complete Schedule T in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder nan	ne	Office sought	Office held
	ATTACH ADDITIONAL C	OPIES OF THIS SCH	EDULE AS NEED!	ED Positional 0/8/2011

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

	EXPENDIT	URE CATEGORIES F	OR BOX 8	a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Legal Services	Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contract de explains how to con	t Labor	Solicitation/Fundraising Expense Fransportation Equipment & Related Expense Fravel In District Fravel Out of District Other (enter a category not listed above) Form.
S				r ID (Ethics Commission Filers)
Total pages Schedule F1:	Barbara Canales		0, 1	,
4 Date	5 Payee name			
10/01/2018	Cricket Wireless			
6 Amount \$300.00	7 Payee address;	City;	State:	Zip Code
φ500.00	4102 S Staples St Corpus Chri	sti, TX 78411-2100		
PURPOSE OF EXPENDITURE	(a) Category (See categories listed Office Overhead/Rental Expense	at the top of this schedule)	1	eck if travel outside of Texas, complete Schedule Teck if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
4 Date	5 Payee name			
10/15/2018	Cricket Wireless			
6 Amount \$30.00	7 Payee address; 4102 S Staples St Corpus Chri	City; isti, TX 78411-2100	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories liste Office Overhead/Rental Expense	d at the top of this schedule)		otion neck if travel outside of Texas, complete Schedule T heck if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	t Office held
4 Date 10/09/2018	5 Payee name Dropbox			
6 Amount \$10.65	7 Payee address; 333 Brannan St San Francisco	City; o, CA 94107-1810	State:	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See categories liste Office Overhead/Rental Expense	ed at the top of this schedule)		theck if travel outside of Texas, complete scriedule in theck if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name)	Office sough	nt Office held
	ATTACH ADDITIONAL CO	OPIES OF THIS SCH	IEDULE AS	SNEEDED

		UDE CATECODIES E	OP BOY S	2(2)	
Accounting/Banking Consulting Expense Contributions/Donations Made By	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	URE CATEGORIES FO Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contract de explains how to com	Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) form.	,
	2. FILER NAME		3. Fil	er ID (Ethics Commission Filers)	
Total pages Schedule F1: 2	Barbara Canales				\dashv
4 Date	5 Payee name				- 1
10/15/2018	Duable Works			7: 0.1-	-
6 Amount	7 Payee address;	City;	State:	Zip Code	
\$172.50	1422 E Grayson St San Anton	io, TX 78208-1427	9		
PURPOSE OF EXPENDITURE	(a) Category (See categories lister Office Overhead/Rental Expense	d at the top of this schedule)	(b) Descr	Check if travel outside of Texas, complete 3d leader in Check if Austin, TX, officeholder living expense pdates	r
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office soug	ht Office held	
4 Date	5 Payee name				
10/01/2018	Andrea Duran				
6 Amount \$1,213.53	7 Payee address; 3548 Topeka St Corpus Chris	City; ti, TX 78411-1716	State:	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories lister Salaries/Wages/Contract Labor		(b) Desc	Check if travel outside of Texas, complete Schedule Check if Austin, TX, officeholder living expense vices	Т
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	9	Office sou	ght Office held	
4 Date	5 Payee name				
10/16/2018	Andrea Duran				
6 Amount \$378.38	7 Payee address; 3548 Topeka St Corpus Chris	City; sti, TX 78411-1716	State	: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories lis Salaries/Wages/Contract Labor	ted at the top of this schedule)	(b) Des	Check if travel outside of Texas, complete schools Check if Austin, TX, officeholder living expense rvices	e T
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder nam	ne	Office sou	ught Office held	
	ATTACH ADDITIONAL C	OPIES OF THIS SCH	HEDULE	AS NEEDED	

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	EXPENDIT	TURE CATEGORIES FO		
didate/Officeholder/Political nmittee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services		Labor (Solicitation/Fundraising Expense Fransportation Equipment & Related Expense Fravel In District Fravel Out of District Other (enter a category not listed above)
dit Card Payment		ide explains how to com	2 File	r ID (Ethics Commission Filers)
otal pages Schedule F1:	FILER NAME Barbara Canales		3. File	TID (Lunes Commission 1.1.1.)
Pate	5 Payee name			
0/01/2018	Joceline Duran			Zip Code
mount	7 Payee address;	City;	State:	Zip Code
\$663.75	3548 Topeka St Corpus Chris	ti, TX 78411-1716		
PURPOSE OF EXPENDITURE	(a) Category (See categories lister Salaries/Wages/Contract Labor		Field service	heck if travel outside of Texas, complete cerebons, heck if Austin, TX, officeholder living expense es
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name)	Office sough	it Office held
Date	5 Payee name			
0/16/2018	Joceline Duran			Zip Code
Amount \$656.75	7 Payee address; 3548 Topeka St Corpus Chri	City; sti, TX 78411-1716	State:	Zip Gode
PURPOSE OF EXPENDITURE	(a) Category (See categories list Salaries/Wages/Contract Labor	ted at the top of this schedule)	(b) Descr	Check if travel outside of Texas, complete scriedae in Check if Austin, TX, officeholder living expense icces
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder nam	ne	Office soug	ht Office held
Date	5 Payee name			
10/15/2018	Exxon			71- 0-1-
Amount \$30.00	7 Payee address; 3760 S Alameda St Corpus	City; Christi, TX 78411-1630	State:	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See categories li Travel In District	sted at the top of this schedule)	(b) Desc	Check if travel outside of Texas, complete schedule Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder nar	me	Office sou	ght Office held
	ATTACH ADDITIONAL O	COPIES OF THIS SCH	HEDULE A	AS NEEDED

	EXPENDIT	TURE CATEGORIES	FOR BOX 8	3(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense ty Gift/Awards/Memorials Expense Legal Services The Instruction Gui	Office Overhead/Renta Polling Expense Printing Expense Salaries/Wages/Contra de explains how to co	act Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) form.
Total pages Schedule F1:	FILER NAME Barbara Canales		3. File	er ID (Ethics Commission Filers)
4 Date	5 Payee name			
10/11/2018	FedEx			
6 Amount \$6.45	7 Payee address; 4002 S Padre Dr Corpus Christ	City; i, TX 78411	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed Office Overhead/Rental Expense	at the top of this schedule)		otion neck if travel outside of Texas, complete Schedule T neck if Austin, TX, officeholder living expense
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	7 Payee address;	City;	State:	Zip Code
\$23.93	4002 S Padre Dr Corpus Christ	i, TX 78411		zip sode
PURPOSE OF EXPENDITURE	(a) Category (See categories listed Office Overhead/Rental Expense	at the top of this schedule)		tion neck if travel outside of Texas, complete Schedule T neck if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
4 Date	5 Payee name			
10/01/2018	Roland Gomez			
6 Amount \$935.06	7 Payee address; 1539 Wynwood St Corpus Chri	City; sti, TX 78415-4933	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed a Salaries/Wages/Contract Labor	at the top of this schedule)		eck if travel outside of Texas, complete Schedule T eck if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
	ATTACH ADDITIONAL COP	IES OF THIS SCHE	EDULE AS	NEEDED

	EXPENDITURE CATEGORIES FO	OR BOX 8(a)
Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Office Overhead/Rental Fees Polling Expense Printing Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Legal Services The Instruction Guide explains how to com	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Labor Travel In District Travel Out of District Other (enter a category not listed above) plete this form.
Total pages Schedule F1:	2. FILER NAME Barbara Canales	3. Filer ID (Ethics Commission Filers)
10/16/2018	5 Payee name Roland Gomez 7 Payee address; City; 1539 Wynwood St Corpus Christi, TX 78415-4933	State: Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Check if Iravel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Field services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 10/04/2018 6 Amount \$2,500.00	5 Payee name Joe Gonzalez 7 Payee address; City; 2611 Morgan Ave Corpus Christi, TX 78405-1808	State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Sign install labor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 10/08/2018 6 Amount \$2,500.00	5 Payee name Grindstone Research 7 Payee address; City; 8185 Boone Trce Nashville, TN 37221-6553	State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Research
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SCH	HEDULE AS NEEDED

	EXPENDITURE C	ATEGORIES FOR E	
andidate/Officeholder/Political committee	Fees Polling		Other (enter a category not listed above)
redit Card Payment		umo non re	3. Filer ID (Ethics Commission Filers)
Total pages Schedule F1:	Barbara Canales		o, 1115.15 (211111)
Date 10/01/2018	5 Payee name Matthew Guerrero		7'- Codo
Amount \$1,100.85	7 Payee address; City 2401 Luzius Dr Corpus Christi, TX 78		itate: Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the to Salaries/Wages/Contract Labor	p of time deficiency	Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense d services
O Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office	sought Office held
1 Date 10/16/2018	5 Payee name Matthew Guerrero		7in Codo
\$1,092.75	7 Payee address; Ci 2401 Luzius Dr Corpus Christi, TX 7	71	State: Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the tale Salaries/Wages/Contract Labor	op of this seriodally	Description Check if travel outside of Texas, complete Schedüle T Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Offic	e sought Office held
4 Date 10/01/2018	5 Payee name Stephanie Hernandez		7-0-4-
6 Amount \$445.77	7 Payee address; C 3109 Magnolia St Corpus Christi, T	ity; X 78408-3126	State: Zip Code
	(a) Category (See categories listed at the	top of this schedule) (b)	Description Check if travel outside of Texas, complete Schedule Check if Austin, TX, officeholder living expense
PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor		ield services ce sought Office held

	EXPENDIT	TURE CATEGORIES FO	OR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Overhead/Rental Polling Expense Printing Expense	So Tra Ex Labor Tra Tra Ot plete this for	licitation/Fundraising Expense ansportation Equipment & Related pense avel In District avel Out of District her (enter a category not listed above) m.
	2. FILER NAME		3. Filer	ID (Ethics Commission Filers)
1. Total pages ochedule i 1.	Barbara Canales			
10/18/2018	5 Payee name Hustle Inc 7 Payee address;	City;	State:	Zip Code
41,222	343 Sansome St San Francisco		(b) Descripti	00
PURPOSE OF EXPENDITURE	(a) Category (See categories liste Advertising Expense		Che Che Voter outreac	ck if travel outside or rexas, complete screeding rick if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	(Office sought	Office field
4 Date 10/01/2018	5 Payee name Matthew Ibarra		Chalai	Zip Code
6 Amount \$4,000.00	7 Payee address; 13003 Ariel St San Antonio,	City; TX 78253-5877	State:	2.0000
PURPOSE OF EXPENDITURE	(a) Category (See categories list Consulting Expense	ed at the top of this schedule)	(b) Descript	eck if Navel outside of Toxas, complete contection freek if Austin, TX, officeholder living expense ing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder nam	е	Office sought	Office held
4 Date 09/30/2018	5 Payee name IBC Bank		Chata	Zip Code
6 Amount \$37.12	7 Payee address; 221 S Shoreline Blvd Corpu	City; s Christi, TX 78401-2833	State:	Δη 3000
8 PURPOSE OF EXPENDITURE	(a) Category (See categories lis	sted at the top of this schedule)	Banking fee	neck if travel outside of Texas, complete Screeding Finesk if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	ne	Office sough	t Office held
	ATTACH ADDITIONAL C	OPIES OF THIS SCH	IEDULE AS	NEEDED

	EXPENDIT	URE CATEGORIES FO	OR BOX 8(a)
Accounting/Banking Consulting Expense Contributions/Donations Made By	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Overhead/Rental Polling Expense	Labor 7 Labor 7 C	collicitation/Fundraising Expense fransportation Equipment & Related expense fravel In District fravel Out of District Other (enter a category not listed above) fram.
	2. FILER NAME	•	3. File	r ID (Ethics Commission Filers)
Total pages Schedule F1: 2	Barbara Canales			
4 Date	5 Payee name			
09/30/2018	IBC Bank	0.11	State:	Zip Code
6 Amount \$37.12	7 Payee address; 221 S Shoreline Blvd Corpus	City; Christi, TX 78401-2833	U-00-4-00-0-1-1-1-1	,
PURPOSE OF EXPENDITURE	(a) Category (See categories lister	d at the top of this schedule)		eck if travel outside of Texas, complete schedule place if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	Office held
4 Date	5 Payee name			
09/28/2018	Island Moon			Zip Code
6 Amount \$200.00	7 Payee address; 14646 Compass St Ste 3 Com	City; ous Christi, TX 78418-622	State:	Zip Gode
PURPOSE OF EXPENDITURE	(a) Category (See categories list Advertising Expense	ed at the top of this schedule)		theck if travel outside of rexes, complete consense theck if Austin, TX, officeholder living expense ad
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder nam	e	Office sough	nt Office held
4 Date	5 Payee name			
09/28/2018	Island Moon			
6 Amount \$200.00	7 Payee address; 14646 Compass St Ste 3 Com	City; rpus Christi, TX 78418-62		Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See categories lis Advertising Expense	ted at the top of this schedule)	Newspape	Check if travel outstoe of Texas, complete scheduler in Check if Austin, TX, officeholder living expense er ads
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder nan	ne	Office soug	ht Office held
	ATTACH ADDITIONAL C	OPIES OF THIS SCH	HEDULE A	S NEEDED

	EXPENDIT	URE CATEGORIES FO	OR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Overhead/Rental Polling Expense Printing Expense	Solicitati Transpo Expense Labor Travel II Travel C Other (e	n District Out of District Inter a category not listed above)
1. Total pages Schedule F1:	FILER NAME Barbara Canales		3. Filer ID (E	thics Commission Filers)
4 Date 10/04/2018	5 Payee name Island Moon		21.1-	Zip Code
6 Amount \$200.00	7 Payee address; 14646 Compass St Ste 3 Corp	City; us Christi, TX 78418-6232		Zip code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories liste Advertising Expense		Check if Au Newspaper ads	vel outside of Texas, complete Schedule T ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
4 Date 10/12/2018 6 Amount \$200.00	5 Payee name Island Moon 7 Payee address; 14646 Compass St Ste 3 Corp	City; ous Christi, TX 78418-623	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories lists Advertising Expense	ed at the top of this schedule)		avel outside of Texas, complete Schedule T uustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder nam	е	Office sought	Office held
4 Date 10/18/2018	5 Payee name Island Moon 7 Payee address;	City;	State:	Zip Code
6 Amount \$200.00	14646 Compass St Ste 3 Con	•	32	
PURPOSE OF EXPENDITURE	(a) Category (See categories lis Advertising Expense	ted at the top of this schedule)		ravel outside of Texas, complete Schedule T Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder nan	ne	Office sought	Office held
	ATTACH ADDITIONAL C	OPIES OF THIS SCH	EDULE AS NEE	EDED

	EXPENDIT	URE CATEGORIES	FOR BOX	B(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Office Overhead/Rental Solicitation/Fundraising Expense Fees Polling Expense Transportation Equipment & Related Food/Beverage Expense Printing Expense Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Legal Services Salaries/Wages/Contract Labor Travel In District Travel Out of District Other (enter a category not listed above) The Instruction Guide explains how to complete this form.				
Total pages Schedule F1:	FILER NAME Barbara Canales		3. Fil	er ID (Ethics Commission Filers)	
4 Date 10/19/2018	5 Payee name Elaine Jones				
6 Amount \$75.00	7 Payee address; 1402 Seville Dr Portland, TX 7	City; 8374-2127	State:	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed Travel In District	at the top of this schedule)		heck if travel outside of Texas, complete Schedule T heck if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	t Office held	
4 Date 10/18/2018	5 Payee name KIII	The second of th		A	
6 Amount \$1,955.00	7 Payee address; 5002 S Padre Island Dr Corpus	City; Christi, TX 78411-420	State:	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed Advertising Expense	at the top of this schedule)		otion heck if travel outside of Texas, complete Schedule T heck if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	t Office held	
4 Date 10/23/2018	5 Payee name KIII			2	
6 Amount \$1,428.00	7 Payee address; 5002 S Padre Island Dr Corpus	City; Christi, TX 78411-4200	State:	Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed Advertising Expense	at the top of this schedule)		otion neck if travel outside of Texas, complete Schedule T heck if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	6	Office sough	t Office held	
	ATTACH ADDITIONAL COP	IES OF THIS SCH	EDULE AS	NEEDED	

	EXPENDIT	URE CATEGORIES FO		
Accounting/Banking	Legal Services		Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)
Credit Card Payment		de explains how to com	plete this f	orm.
Total pages Schedule F1:	2. FILER NAME Barbara Canales		3. File	er ID (Ethics Commission Filers)
4 Date 10/19/2018	5 Payee name KRIS		State:	Zip Code
6 Amount \$3,034.45	7 Payee address; 301 Artesian St Corpus Christ	City; i, TX 78401-2701		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories liste Advertising Expense	-	TV Ads	theck if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	nt Office held
4 Date 10/01/2018	5 Payee name Lincoln Park Strategies			Zip Code
6 Amount \$3,500.00	7 Payee address; 611 Pennsylvania Ave SE W	City; ashington, DC 20003-430	State:	Zip Gode
PURPOSE OF EXPENDITURE	(a) Category (See categories lists Polling Expense	ed at the top of this schedule)		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder nam	е	Office soug	ht Office held
4 Date 10/03/2018	5 Payee name Lone Star Media			7-0-4-
6 Amount \$750.98	7 Payee address; 1011 N Frio St San Antonio	City; TX 78207-1811	State:	
PURPOSE OF EXPENDITURE	(a) Category (See categories list	ted at the top of this schedule)	(b) Desc	Check if travel outside of 1 exas, complete schedule in Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder nan	ne	Office sou	ght Office held
	ATTACH ADDITIONAL C	OPIES OF THIS SCH	HEDULE A	AS NEEDED

	EXPENDITURE CA	ATEGORIES FOR BOX 8	(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Office O Fees Polling E	verhead/Rental Expense Expense /Wages/Contract Labor tins how to complete this	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) form.
Total pages Schedule F1:	2. FILER NAME Barbara Canales	3. Fil	er ID (Ethics Commission Filers)
10/01/2018	5 Payee name Travis Melby 7 Payee address; City 2611 Morgan Ave Corpus Christi, TX		Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top Salaries/Wages/Contract Labor	Field servi	Check if travel outside of 1 exas, complete scriedule 1 Check if Austin, TX, officeholder living expense ces
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office soug	ht Office held
4 Date 10/02/2018 6 Amount \$250.00	5 Payee name NGP VAN 7 Payee address; City 48 Grove St Ste Somerville, MA 0214		Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the to Office Overhead/Rental Expense		ription Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense management
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sou	ght Office held
4 Date 10/02/2018 6 Amount \$27.57	5 Payee name Office Depot 7 Payee address; Cit 1737 S Staples St Corpus Christi, TX		: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the to Office Overhead/Rental Expense	Office su	Check if travel outside of Texas, complete scriedule in Check if Austin, TX, officeholder living expense applies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sou	ght Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE	AS NEEDED

	EXPENDIT	URE CATEGORIES FO	OR BOX 8(a)	1
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Overhead/Rental Polling Expense Printing Expense	Solicita Transp Expen: Labor Travel Travel Other plete this form.	In District Out of District (enter a category not listed above)
Total pages Schedule F1:	2. FILER NAME Barbara Canales		3. Filer ID (Ethics Commission Filers)
10/09/2018	5 Payee name Office Depot7 Payee address;1737 S Staples St Corpus Christ	City; isti, TX 78404-3047	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories liste Office Overhead/Rental Expense		Office supplies	ravel outside of Texas, complete Schedule T Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
4 Date 10/10/2018 6 Amount \$127.55	5 Payee name Office Depot 7 Payee address; 1737 S Staples St Corpus Ch	City; risti, TX 78404-3047	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories list Office Overhead/Rental Expense		(b) Description Check if Check if	f Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder nam	e	Office sought	Office held
4 Date 10/11/2018 6 Amount	5 Payee name Office Depot 7 Payee address;	City;	State:	Zip Code
\$139.43	1737 S Staples St Corpus Cl	hristi, TX 78404-3047		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories list Office Overhead/Rental Expens			1 if travel outside of Texas, complete Schedule T if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder nan	ne	Office sought	Office held
	ATTACH ADDITIONAL C	OPIES OF THIS SCH	HEDULE AS NE	EEDED

	EXPENDITURI	E CATEGORIES FO	R BOX 8(a)	
Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Office Fees Poll Food/Beverage Expense Prin Gift/Awards/Memorials Expense Sala Legal Services The Instruction Guide e	ce Overhead/Rental ing Expense Iting Expense aries/Wages/Contract L	Solicitation/Fi Transportatio Expense abor Travel In Dist Travel Out of Other (enter	undraising Expense In Equipment & Related strict District In Category not listed above) In Commission Filers
Total pages Schedule F1:	2. FILER NAME Barbara Canales		3. FIRE ID (Etilica	, Continued on the state of
10/19/2018	5 Payee name Office Depot7 Payee address;1737 S Staples St Corpus Christi, T	City;	State:	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at It Office Overhead/Rental Expense	ie top of this constant,	Check if Austin, Office supplies	tside of Texas, complete Schedule T TX, officeholder living expense Office held
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	0	ffice sought	Office field
4 Date 10/23/2018 6 Amount \$103.77	5 Payee name Party City 7 Payee address; 5425 S Padre Island Dr Corpus Cl	City; hristi, TX 78411-5301	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at Event Expense	the top of this schedule)	(b) Description Check if travel o Check if Austin Party supplies	utside of Texas, complete Schedule T TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	C	Office sought	Office held
4 Date 10/11/2018 6 Amount \$5,000.00	5 Payee name Phunware Inc 7 Payee address; 7800 Shoal Creek Blvd Austin, 7	City; I'X 78757-1098	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed a Advertising Expense	t the top of this schedule)	(b) Description Check if travel Check if Austin Digital ads	outside of Texas, complete Schedule T n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
	ATTACH ADDITIONAL COP	IES OF THIS SCH	EDULE AS NEEDE	:D

	EXPENDITU	IRE CATEGORIES FO	OR BOX 8(a)	
Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense C Fees F Food/Beverage Expense F Gift/Awards/Memorials Expense S Legal Services	Office Overhead/Rental Polling Expense	Soo Tra Ex Labor Tra Tra Otl plete this forr	licitation/Fundraising Expense Insportation Equipment & Related pense Evel In District Evel Out of District Ever (enter a category not listed above) Evel In District
Total pages Schedule F1:	2. FILER NAME Barbara Canales		3. Filer I	D (Ethics Commission Filers)
4 Date 10/16/2018	5 Payee name PIBA	City;	State:	Zip Code
6 Amount \$2,000.00	7 Payee address; 14493 S Padre Island Dr Corpus	500 A = 500	1	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed a Contributions/Donations Made By Candidate/Officeholder/Political Con	mmittee	Taste of the Is	k if travel outside of Texas, complete Scriedule T ik if Austin, TX, officeholder living expense land Sponsor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	(Office sought	Office held
4 Date 10/16/2018 6 Amount	5 Payee name Quick Print 7 Payee address;	City;	State:	Zip Code
\$16.24	615 Leopard St Corpus Christi,	TX 78401-7801		
PURPOSE OF EXPENDITURE	(a) Category (See categories listed Office Overhead/Rental Expense	at the top of this schedule)		ck if travel outside of Texas, complete scriedule T ck if Austin, TX, officeholder living expense
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			7ia Cado
6 Amount \$369.90	7 Payee address; 104 Water Oak Cv Round Roc	City; k, TX 78664-6349	State:	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See categories lister Advertising Expense	d at the top of this schedule)		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
	ATTACH ADDITIONAL CO	PIES OF THIS SCH	IEDULE AS	NEEDED

	EXPENDIT	TURE CATEGORIES F	OR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Legal Services	Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contract de explains how to com	Transpersor Experience Labor Trave Trave Other plete this form.	In District Out of District (enter a category not listed above)
Total pages Schedule F1:	2. FILER NAME Barbara Canales		3. Filer ID	(Ethics Commission Filers)
4 Date 10/24/2018 6 Amount \$330.86	5 Payee name Rental World7 Payee address;3729 Saratoga Blvd Corpus C	City; hristi, TX 78415-5812	State:	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See categories liste Event Expense		Check if Party supplies	travel outside of Texas, complete Schedule T Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	•	Office sought	Office held
4 Date 10/01/2018 6 Amount \$420.62	5 Payee name Sage Payment Solutions 7 Payee address; 12120 Sunset Hills Rd Ste 50	City; 0 Reston, VA 20190-585	State:	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See categories lists Fecs	ed at the top of this schedule)		travel outside of Texas, complete Schedule T f Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	е	Office sought	Office held
4 Date 10/22/2018 6 Amount \$435.99	5 Payee name Stitch It Embriodery 7 Payee address; 4333 S Alameda St Corpus O	City; Christi, TX 78412-2400	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories list Printing Expense	ted at the top of this schedule)		if travel outside of Texas, complete Scredule T If Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder nam	ne	Office sought	Office held
	ATTACH ADDITIONAL C	OPIES OF THIS SCH	IEDULE AS N	EEDED

	EXPENDIT	URE CATEGORIES FO	OR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Overhead/Rental Polling Expense Printing Expense	Solicit: Trans; Expen Labor Travel Travel Other plete this form.	In District Out of District (enter a category not listed above)
Total pages Schedule F1:	2. FILER NAME Barbara Canales		3. Filer ID (Ethics Commission Filers)
10/24/2018	5 Payee name Thomas Graphics 7 Payee address;	City;	State:	Zip Code
8 PURPOSE OF EXPENDITURE 9 Complete ONLY if direct	9501 N Interstate 35 Austin, T2 (a) Category (See categories listed Printing Expense Candidate/Officeholder name	at the top of this schedule)	(b) Description Check if Check if Postcard mailing Office sought	ravel outside of Texas, complete Schedule T Austin, TX, officeholder living expense Office held
expenditure to benefit C/OH 4 Date 10/18/2018 6 Amount \$65.42	5 Payee name Time Warner Cable 7 Payee address; 4001 Saratoga Blvd Ste 106 C	City; orpus Christi, TX 78413-	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories lister Office Overhead/Rental Expense	d at the top of this schedule)		travel outside of Texas, complete Schedule T f Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
4 Date 10/16/2018 6 Amount \$2,550.00	5 Payee name US Postal Service 7 Payee address; 902 Ayers St Corpus Christi,	City; TX 78404-1916	State:	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See categories lister Office Overhead/Rental Expense		Postcard stamps	if travel outside of Texas, complete Schedule 1 if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	е	Office sought	Office held
	ATTACH ADDITIONAL CO	OPIES OF THIS SCH	IEDULE AS N	EEDED

	EXPENDIT	URE CATEGORIES FO	OR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Overhead/Rental Polling Expense Printing Expense	Labor - C	Solicitation/Fundraising Expense Fransportation Equipment & Related Expense Fravel In District Fravel Out of District Other (enter a category not listed above) Form.
	2. FILER NAME	· ·	3. File	r ID (Ethics Commission Filers)
Total pages Schedule F1:	Barbara Canales	444		,
4 Date	5 Payee name			
10/18/2018	US Postal Service		01.1	Zip Code
6 Amount \$650.00	7 Payee address; 902 Ayers St Corpus Christi, 7	City; TX 78404-1916	State:	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories lister Office Overhead/Rental Expense	d at the top of this schedule)	(b) Descrip	neck if travel outside of Texas, complete scribbule fineck if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	t Office held
4 Date	5 Payee name			
09/28/2018	Walgreens			
6 Amount \$15.16	7 Payee address; 4161 S Staples St Corpus Chr	City; risti, TX 78411-2155	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories liste Office Overhead/Rental Expense	ed at the top of this schedule)		Check if travel outside of Texas, complete Scriedale in Check if Austin, TX, officeholder living expense plies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	е	Office soug	ht Office held
4 Date	5 Payee name			
09/28/2018	Walgreens		_	
6 Amount \$15.16	7 Payee address; 4161 S Staples St Corpus Ch	City; rristi, TX 78411-2155	State:	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See categories lis Office Overhead/Rental Expense		Office su	Check if travel outside of Texas, complete screeding in Check if Austin, TX, officeholder living expense opties
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder nam	ne	Office soug	pht Office held
	ATTACH ADDITIONAL C	OPIES OF THIS SCH	IEDULE A	S NEEDED

	EXPENDIT	URE CATEGORIES F	OR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Overhead/Rental Polling Expense Printing Expense	Solicit Trans Exper Labor Trave Trave Other oplete this form.	I In District I Out of District (enter a category not listed above)
Di	2. FILER NAME Barbara Canales		3. Filer ID	(Ethics Commission Filers)
4 Date 10/04/2018 6 Amount \$19.89	5 Payee name Walgreens 7 Payee address; 4161 S Staples St Corpus Chri	City; sti, TX 78411-2155	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories lister Office Overhead/Rental Expense		Check if Office supplies	travel outside of Texas, complete Schedule T Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
4 Date 10/19/2018 6 Amount \$39.29	5 Payee name Walgreens7 Payee address;4161 S Staples St Corpus Chr	City; isti, TX 78411-2155	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories liste Office Overhead/Rental Expense	ed at the top of this schedule)	-	I travel outside of Texas, complete Schedule T If Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	9	Office sought	Office held
4 Date 10/22/2018 6 Amount \$23.83	5 Payee name Walgreens 7 Payee address; 4161 S Staples St Corpus Ch	City; risti, TX 78411-2155	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories list Office Overhead/Rental Expense			if travel outside of Texas, complete schedule if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder nam	e	Office sought	Office held
	ATTACH ADDITIONAL C	OPIES OF THIS SCH	IEDULE AS N	EEDED

	EXPENDIT	TURE CATEGORIES F	OR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Overhead/Rental Polling Expense Printing Expense	Solicitation Transporta Expense Labor Travel In D Travel Out Other (ente	of District er a category not listed above)
1. Total pages Schedule F1:	2. FILER NAME Barbara Canales		3. Filer ID (Ethi	cs Commission Filers)
4 Date 10/22/2018 6 Amount \$150.00	5 Payee name Whataburger7 Payee address;121 N Shoreline Blvd Corpus	City; Christi, TX 78401-2808	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories liste Gift/Awards/Memorials Expense		Check if Austi	outside of Texas, complete Schedule T n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office field
4 Date 10/09/2018 6 Amount \$15.00	5 Payee name Wilke Tire Service 7 Payee address; 1202 S Port Ave Corpus Chri	City;	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories liste Transportation Equipment & Rel-	ed at the top of this schedule) ated Expense	Check if Ausi	el outside of Texas, complete Schedule T tin, TX, officeholder living expense Office held
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	e	Office sought	Office field
4 Date 10/01/2018 6 Amount \$513.75	5 Payee name Emily Williams 7 Payee address; 2611 Morgan Ave Corpus C	City; hristi, TX 78405-1808	State:	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See categories lis Salaries/Wages/Contract Labor	ted at the top of this schedule)	(b) Description Check if trav Check if Aus	el outside of Texas, complete Schedule T stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder nam	ne	Office sought	Office held
	ATTACH ADDITIONAL C	OPIES OF THIS SCI	IEDULE AS NEED	DED

	EXPENDITURE CATEGORIES	S FOR BOX 8(a)
ccounting/Banking consulting Expense contributions/Donations Made By candidate/Officeholder/Political committee	Event Expense Office Overhead/Rent Fees Polling Expense Food/Beverage Expense Printing Expense Gift/Awards/Memorials Expense Salaries/Wages/Control Legal Services The Instruction Guide explains how to control	Solicitation/Fundraising Expense Transportation Equipment & Related Expense ract Labor Travel In District Travel Out of District Other (enter a category not listed above)
Credit Card Payment		3. Filer ID (Ethics Commission Filers)
. Total pages Schedule F1:	2. FILER NAME Barbara Canales	0. 7 10. 10.
10/16/2018	5 Payee name Emily Williams	State: Zip Code
\$ Amount \$413.75	7 Payee address; City; 2611 Morgan Ave Corpus Christi, TX 78405-1808	oldo.
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedul Salaries/Wages/Contract Labor	Check if Austin, TX, officeholder living expense Field services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 10/09/2018 6 Amount	5 Payee name Wingstop 7 Payee address; City;	State: Zip Code
\$72.25	4918 Ayers St Corpus Christi, TX 78415-1430	Taxa de la constante de la con
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sched	Check if Austin, TX, officeholder living expense Volunteer dinner
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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