CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

Т	he C/OH Instruction	Guide explains how to complete this form.	1. Filer ID (Ethics Commission Filers)	2. Total pages filed:			
3	CANDIDATE/	MS/MRS/MR FIRST	MI	QHAIDEONGEONA			
	OFFICEHOLDER NAME	Barbara		Date Received 48 P M			
	HAME	NICKNAME LAST	SUFFIX	Jyl 15 2019 ,			
	***************************************	Canales		KARA SANDS			
4	CANDIDATE/	ADDRESS /PO BOX: APT/SUITE # CITY	STATE: ZIP CODE	CLERK BOUNTY COURT, NUECZŚ COUNYY, TEXAS BY DEPUTY			
	OFFICEHOLDER ADDRESS	401 N Tancahua Corpus Ch	nristi TX 78401	Date Hand-delivered or Date Postmarked			
	Change of Address						
5	CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Receipt # Amount \$			
	OFFICEHOLDER PHONE	(210) 633-7369					
6	CAMPAIGN	MS/MRS/MR FIRST	MI	Date Processed			
	TREASURER NAME	Scott		Date Imaged			
	117 (111)	NICKNAME LAST	SUFFIX				
		Humpal					
7	CAMPAIGN	STREET ADDRESS: APT/SUITE #	CITY STATE:	ZIP CODE			
	TREASURER ADDRESS (Residence or Business)	410 N Tancahua	Corpus Christi TX	78401			
8	CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	***************************************			
	TREASURER PHONE	(210) 633-7369					
9	REPORT TYPE	January 15 30th day before election	on Runoff	15th day after campaign tresurer appointment (officeholder only)			
		July 15 Sth day before election	Exceeded \$500 limit	Final report (Attach- COH-FR)			
10	PERIOD	Month Day Year	Month	Day Year			
	COVERED	01/01/2019 THI	ROUGH	06/30/2019			
11	ELECTION	ELECTION DATE ELECTION Month Day Year Primar		Other			
		03/03/2020 General					
12	OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGH Other Office	IT (if known) : County Judge			
	GO TO PAGE 2						
E.,,	ms provided by Texas E	thics Commission www.ethics.state.f	fy up	Ravisad 0/8/2015			

2019-054

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Barbara Canales		15 File	er ID (Ethics Commission Filers)			
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANDIDATE / OF	DLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIT FICEHOLDER, THESE EXPENDITURES MAY HAVE BEEN MADE V NDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT	MITHOUT THE C	CANDIDATE'S OR OFFICEHOLDER'S			
	COMMITTEE TYPE	COMMITTEE NAME		***************************************			
	GENERAL						
	SPECIFIC COMMITTEE ADDRESS						
		COMMITTEE CAMPAIGN TREASURER NAME					
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS					
17 CONTRIBUTION TOTALS		I CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN OR GUARANTEES OF LOANS), UNLESS ITEMIZED		\$0.00			
	2 TOTAL POLITICAL (OTHER THAN PLE	CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)		\$3,500.00			
EXPENDITURE TOTALS	3 TOTAL POLITICAL	EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$0.00			
	4 TOTAL POLITICAL	EXPENDITURES		\$23,920.26			
CONTRIBUTION BALANCE	5 TOTAL POLITICAL OF REPORTING PE	CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ERIOD		\$1,346.29			
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD		\$0.00			
18 AFFIDAVIT	MARGARET MEA Notary ID #13018 My Commission Ex April 6, 2023	pires is true and correct and includes me under Title 15, Election Cod	all informati	on required to be reported by			
AFFIX NOTARY STAMP / SEAL ABOVE							
Sworn to and subsci	Sworn to and subscribed before me, by the said <u>Barbara Gnales</u> , this the						
Managard Signature of officer add	Meade N	langaret Meade intedname of officer administering oath	Nota	er administering oath			

SUBTOTALS - COH

FORM C/OH COVER SHEET PG 3

19.	FILER NAME Barbara Canales	20. FILER ID (Ethics Co	mmission Filers)
21.	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTALS AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$3,500.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$2,000.00
4.	SCHEDULE E: LOANS		\$0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIE	UTIONS	\$23,920.26
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTR	RIBUTIONS	\$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 BUS	INESS OF C/OH	\$0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONT	RIBUTIONS	\$0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS AND CONTRIBUTIONS TO FILER	RETURNED	\$1,955.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how t	o complete this fo	rm.	Total pages Schedule A1: not available	
2. FILER NAM Barbara Cana				3. Filer ID (Ethics Commission F	ilers)
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
01/23/2019	Linebarger Goggan Blair & Samp	oson LLP			\$2,500.00
	6. Contributor address;	City; State;	ZIP Code		
	PO Box 17428 Austin, TX 78760	-7428			
8. Principal oc	cupation / Job title (See Instruction	is)	9 Emplo	yer (See Instructions)	
4, Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
05/20/2019	AEP PAC				\$1,000.00
	6. Contributor address;	City; State;	ZIP Code		
	539 N Carancahua St Corpus Chr	risti, TX 78401-0999			
8. Principal oc	cupation / Job title (See Instruction	ns)	9 Emplo	yer (See Instructions)	

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

PLEDGED CONTRIBUTIONS

SCHEDULE B

The	Instruction Guide explains how	Total pages Schedule B: not available				
2. FILER NAME Barbara Canales				3. Filer ID (Ethics Commission Filers)		
4. TOTAL OI	F UNITEMIZED PLEDGES	,				\$0.00
5. Date 05/01/2019				ZIP Code	8. Amount of pledge \$ \$2,000.00	9, In-kind contribution description (if applicable)
10. Principal o	occupation / Job title (See Instruc	tions)		11 Emp	Check if travel outside of loyer (See Instructions)	Texas, complete Schedule T

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

	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	Legal Services	Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contract de explains how to con	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:				er ID (Ethics Commission Filers)
1. Total pages Schedule F1.	Barbara Canales		J. 11	er ib (Euros Commission Friers)
4 Date 01/02/2019	5 Payee name NGP VAN			
6 Amount \$250.00	7 Payee address; 48 Grove St Ste Somerville, M	City; A 02144-2500	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed Office Overhead/Rental Expense	at the top of this schedule)		Otion heck if travel outside of Texas, complete Schedule T heck if Austin, TX, officeholder living expense tanagement
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	t Office held
4 Date 01/03/2019	5 Payee name Ashley Barth			
6 Amount \$752.00	7 Payee address; 208 Bushnell Ave Apt 5 San A	City; ntonio, TX 78212-5207	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed	at the top of this schedule)		ption heck if travel outside of Texas, complete Schedule T theck if Austin, TX, officeholder living expense ring reimbursement
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	t Office held
4 Date 01/03/2019	5 Payee name Campaign Services LLC			
6 Amount \$399.55	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	i at the top of this schedule)	Campaign	Theck if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense consulting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	nt Office held
	ATTACH ADDITIONAL CO	PIES OF THIS SCH	EDULE AS	S NEEDED

	EXPENDIT	URE CATEGORIES	TUR BUX	o(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 Salaries/Wages/Contract	ct Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (exter a extension pet listed chara)
Credit Card Payment	The Instruction Gui	de explains how to cor	nplete this	Other (enter a category not listed above) form.
Total pages Schedule F1:	2. FILER NAME		3. Fi	ler ID (Ethics Commission Filers)
	Barbara Canales			
4 Date	5 Payee name			
01/03/2019	Matthew Ibarra			
6 Amount \$142.00	7 Payee address; 13003 Ariel St San Antonio, T	City; X 78253-5877	State:	Zip Code
8 PURPOSE	(a) Category (See categories listed	at the top of this schedule)	(b) Descri	ption Theck if travel outside of Texas, complete Schedule T
OF EXPENDITURE	Salaries/Wages/Contract Labor		1 ===	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office soug	nt Office held
4 Date	5 Payee name			
01/03/2019	Sage Payment Solutions			
6 Amount \$594.23	7 Payee address; 12120 Sunset Hills Rd Ste 500	City; Reston, VA 20190-585	State:	Zip Code
8 PURPOSE OF	(a) Category (See categories listed	at the top of this schedule)	=	iption Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense
EXPENDITURE	rees		Credit care	· · · · · · · · · · · · · · · · · · ·
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office soug	ht Office held
4 Date	5 Payee name			
01/04/2019	Nueces County Democratic Pa	rty		
6 Amount \$250.00	7 Payee address; 2701 Morgan Ave Ste 600 Con	City; pus Christi, TX 78405-1	State:	Zip Code
8 PURPOSE	(a) Category (See categories listed	at the top of this schedule)		iption Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political C	ommittee	Event spor	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office soug	ht Office held
	ATTACH ADDITIONAL CO	PIES OF THIS SCH	EDULE A	S NEEDED

	EXPENDIT	URE CATEGORIES I	FOR BOX	B(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee	Legal Services		ct 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 cor		
Total pages Schedule F1:	2. FILER NAME Barbara Canales		3. Fil	er ID (Ethics Commission Filers)
4 Date 01/07/2019	5 Payee name Dropbox			
6 Amount \$10.65	7 Payee address;	City;	State:	Zip Code
	333 Brannan St San Francisco,	CA 94107-1810		
PURPOSE OF EXPENDITURE	(a) Category (See categories listed Office Overhead/Reutal Expense	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	nt Office held
4 Date 01/15/2019	5 Payee name Cricket Wireless			
6 Amount \$30.00	7 Payee address;4102 S Staples St Corpus Chris	City; sti, TX 78411-2100	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed Office Overhead/Rental Expense	at the top of this schedule)	==	ption 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	nt Office held
4 Date 01/17/2019	5 Payee name Time Warner Cable			
6 Amount \$65.42	7 Payee address; 4001 Saratoga Blvd Ste 106 C	City; orpus Christi, TX 78413	State: -2145	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed Office Overhead/Rental Expense	at the top of this schedule)	==	Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	nt Office held
	ATTACH ADDITIONAL CO	PIES OF THIS SCH	EDULE AS	S NEEDED

	EXPENDI	URE CATEGORIES	-OK BOX	5(a)	
Candidate/Officeholder/Political Committee	Event Expense Office Overhead/Rental Fees Polling Expense Food/Beverage Expense Printing Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Legal Services		ct Labor	Solicitation/Fundraising Expense Transportation Equipment & Rela Expense Travel In District Travel Out of District Other (enter a category not listed	ated
Credit Card Payment	The Instruction Gui	de explains how to cor			
Total pages Schedule F1:	2. FILER NAME Barbara Canales		3. Fil	ler ID (Ethics Commission File	rs)
4 Date	5 Payee name				
01/23/2019	Gulf Business Printing				
6 Amount \$292.28	7 Payee address; PO Box 271490 Corpus Christ	City; i, TX 78427-1490	State:	Zip Code	
		, =: •••			
8 PURPOSE	(a) Category (See categories listed	at the top of this schedule)	===	heck if travel outside of Texas, complete	
OF EXPENDITURE	Printing Expense		Invitations	check if Austin, TX, officeholder living ex	pense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	nt Office held	
4 Date	5 Payee name				
01/23/2019	Intuit Payroll				
6 Amount \$58.51	7 Payee address;	City;	State:	Zip Code	
	2700 Coast Ave Mountain Vie	w, CA 94043-1140			
8 PURPOSE	(a) Category (See categories listed	at the top of this schedule)	(b) Descri	ption heck if travel outside of Texas, complete	Schedule T
OF	Office Overhead/Rental Expense		ı <u></u>	Check if Austin, TX, officeholder living ex	
EXPENDITURE			Payroll pro	ocessing	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sougl	nt Office held	
4 Date	5 Payee name				(
01/23/2019	Twins Media				
6 Amount	7 Payee address;	City;	State:	Zip Code	
\$350.00	4013 Devon Dr Corpus Christi	, TX 78415-4844			
8 PURDOSE	(a) Category (See categories listed	at the top of this schedule)	(b) Descr	iption Check if travel outside of Texas, complete	Schedule T
PURPOSE OF	Advertising Expense		===	Check if Austin, TX, officeholder living ex	
EXPENDITURE			Photograp	hers	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office soug	ht Office held	
	ATTACH ADDITIONAL CO	PIES OF THIS SCH	EDULE A	S NEEDED	

	EXPENDIT	URE CATEGORIES	FOR BOX 8	(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee	Legal Services		ct 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 co		
Total pages Schedule F1:	2. FILER NAME Barbara Canales		3. File	er ID (Ethics Commission Filers)
	5 Payee name			
01/25/2019	Campaign Services LLC		01.1	7/- 0-1
6 Amount \$75.00	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)	=	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	5 Payee name			
01/25/2019	Corpus Christi Black Chamber	of Commerce		
6 Amount \$100.00	7 Payee address; 3209 S Staples St Corpus Chris	City; sti, TX 78411-2524	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed Contributions/Donations Made By Candidate/Officeholder/Political Co			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	5 Payee name	1		
01/29/2019	Pete McRae			
6 Amount \$1,674.98	7 Payee address; 707 S Main St Ste 202 George	City; town, TX 78626-5700	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed	at the top of this schedule)		theck if travel outside of Texas, complete Schedule T Theck if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	nt Office held
	ATTACH ADDITIONAL CO	PIES OF THIS SCH	EDULE AS	S NEEDED

	EXPENDI	URE CATEGORIES	FOK BOX 8	e(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee	Event Expense Office Overhead/Rental Fees Polling Expense Food/Beverage Expense Printing Expense g Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Legal Services			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Gui	de explains how to cor	mplete this t	,
Total pages Schedule F1:	2. FILER NAME Barbara Canales		3. Fil	er ID (Ethics Commission Filers)
4 Date	5 Payee name			
01/31/2019	IBC Bank			
6 Amount \$17.90	7 Payee address;	City;	State:	Zip Code
	221 S Shoreline Blvd Corpus C	Christi, TX 78401-2833		
8 PURPOSE	(a) Category (See categories listed	at the top of this schedule)	(b) Descrip	otion heck if travel outside of Texas, complete Schedule T
PURPOSE OF	Office Overhead/Rental Expense		1 ==	heck if Austin, TX, officeholder living expense
EXPENDITURE			Payroll fees	S
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	t Office held
4 Date	5 Payee name			
02/04/2019	Dropbox			
6 Amount \$10.65	7 Payee address;	City;	State:	Zip Code
	333 Brannan St San Francisco,	, CA 94107-1810		
8	(a) Category (See categories listed	I at the top of this schedule)	(b) Descri	ption heck if travel outside of Texas, complete Schedule T
PURPOSE OF	Office Overhead/Rental Expense			Check if Austin, TX, officeholder living expense
EXPENDITURE			Database n	nanagement
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	nt Office held
4 Date	5 Payee name			
02/04/2019	IBC Bank			
6 Amount	7 Payee address;	City;	State:	Zip Code
\$9.50	221 S Shoreline Blvd Corpus (Christi, TX 78401-2833		
8 PURPOSE	(a) Category (See categories listed	d at the top of this schedule)	(b) Descri	ption heck if travel outside of Texas, complete Schedule T
PURPOSE OF	Fees			Check if Austin, TX, officeholder living expense
EXPENDITURE			Banking fe	ee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	nt Office held
	ATTACH ADDITIONAL CO	PIES OF THIS SCH	EDULE AS	S NEEDED

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Candidate/Officeholder/Political Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services		ct 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 cor			
Total pages Schedule F1:	2. FILER NAME Barbara Canales		3. Fil	er ID (Ethics Commission Filers)	
4 Date 02/04/2019	5 Payee name Pete McRae		•		
6 Amount \$3,500.00	7 Payee address;	City;	State:	Zip Code	
	707 S Main St Ste 202 George	town, TX 78626-5700			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed	at the top of this schedule)	i <u></u>	heck 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 02/04/2019	5 Payee name NGP VAN				
6 Amount \$250.00	7 Payee address; 48 Grove St Ste Somerville, M	City; (A 02144-2500	State:	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed Office Overhead/Rental Expense	at the top of this schedule)		ption heck if travel outside of Texas, complete Schedule T heck if Austin, TX, officeholder living expense nanagement	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	t Office held	
4 Date 02/06/2019	5 Payee name Alamo Mailing				
6 Amount \$224.56	7 Payee address; 13400 Lookout Run San Anton	City; nio, TX 78233	State:	Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed	d at the top of this schedule)	1 =	ption heck if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	nt Office held	
	ATTACH ADDITIONAL CO	PIES OF THIS SCH	EDULE AS	S NEEDED	

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense / Gift/Awards/Memorials Expense Legal Services The Instruction Gui	Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contract de explains how to con	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 Barbara Canales		3. Fil	er ID (Ethics Commission Filers)	
4 Date 02/11/2019	5 Payee name KHMAJIC 402				
6 Amount \$300.00	7 Payee address; 402 Harbor Dr Corpus Christi,	City; TX 78401-1115	State:	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed Advertising Expense	l at the top of this schedule)	/	otion heck 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	nt Office held	
4 Date . 02/15/2019	5 Payee name Cricket Wireless				
6 Amount \$30.00	7 Payee address; 4102 S Staples St Corpus Chri	City; sti, TX 78411-2100	State:	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed Office Overhead/Rental Expense	at the top of this schedule)] ===	ption heck 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	nt Office held	
4 Date 02/19/2019	5 Payee name Nueces County Democratic Pa	urty			
6 Amount \$160.00	7 Payee address; 2701 Morgan Ave Ste 600 Co.	City; rpus Christi, TX 78405-	State: 1849	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories lister Contributions/Donations Made By Candidate/Officeholder/Political C			Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	nt Office held	
	ATTACH ADDITIONAL CO	PIES OF THIS SCH	EDULE AS	S NEEDED	

	EXPENDIT	URE CATEGORIES	FOR BOX 8	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 The Instruction Gui	Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contra- de explains how to con	ct Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) form.
1. Total pages Schedule F1:	2. FILER NAME	<u>,</u>	3. Fil	er ID (Ethics Commission Filers)
	Barbara Canales			
	5 Payee name			
02/28/2019	IBC Bank			7:-0-1-
6 Amount \$16.80	7 Payee address; 221 S Shoreline Blvd Corpus (City; Christi, TX 78401-2833	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed Fees	at the top of this schedule)	l <u></u>	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	5 Payee name			
02/28/2019	Iconic Sign Group			
6 Amount \$125.00	7 Payee address; 1826 S Padre Dr Corpus Chris	City; ti, TX 78416	State:	Zlp Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed Advertising Expense	d at the top of this schedule)		Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	nt Office held
4 Date	5 Payee name			
02/28/2019	Pete McRae			
6 Amount \$4,012.63	7 Payee address; 707 S Main St Ste 202 George	City; town, TX 78626-5700	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories lister Consulting Expense	d at the top of this schedule)		Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	nt Office held
	ATTACH ADDITIONAL CO	PIES OF THIS SCH	EDULE AS	S NEEDED

	EXPENDIT	ORE CATEGORIES	-OK BOX (0(a)
Candidate/Officeholder/Political	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contract	ct Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District
Committee Credit Card Payment	The Instruction Gui	de explains how to cor	nplete this	Other (enter a category not listed above) form.
1. Total pages Schedule F1:	2. FILER NAME		3. Fi	iler ID (Ethics Commission Filers)
	Barbara Canales			
4 Date 03/04/2019	5 Payee name Arrow Display Signs			
6 Amount	7 Payee address;	City;	State:	Zip Code
\$162.38	1340 S Staples St Corpus Chris	sti, TX 78404-3121		
8 PURPOSE	(a) Category (See categories listed	at the top of this schedule)	(b) Descri	iption Check if travel outside of Texas, complete Schedule T
PURPOSE OF	Advertising Expense		l !	Check if Austin, TX, officeholder living expense
EXPENDITURE	-		Signs	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	ht Office held
4 Date	5 Payee name			
03/04/2019	NGP VAN			70
6 Amount \$250.00	7 Payee address;	City;	State:	Zip Code
Ψ230,00	48 Grove St Ste Somerville, M	IA 02144-2500		
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descr	ription Check if travel outside of Texas, complete Schedule T
PURPOSE OF	Office Overhead/Rental Expense		==	Check if travel outside of Texas, complete scriedule 1 Check if Austin, TX, officeholder living expense
EXPENDITURE	r		Database r	management
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office soug	pht Office held
4 Date	5 Payee name			
03/04/2019	Sage Payment Solutions			
6 Amount	7 Payee address;	City;	State:	Zip Code
\$2.50	12120 Sunset Hills Rd Ste 500	1 Reston VA 20190-525	8	
	12120 Dinisot Tinis Ru 500 500	, <u>, , , , , , , , , , , , , , , , , , </u>	~	
8	(a) Category (See categories listed	d at the top of this schedule)	(b) Descr	ription
PURPOSE		a and top of the derivation		Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense
OF EXPENDITURE	Fees		Credit care	•
9 Complete ONLY if direct	Candidate/Officeholder name		Office soug	aht Office held
expenditure to benefit C/OH	Candidate/Onicendider name		530 addg	g Ombo Hola
	ATTACH ADDITIONAL CO	PIES OF THIS SCH	EDULE A	S NEEDED

	EXPENDI	TURE CATEGORIES I	FOR BOX 8	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 The Instruction Gui	Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contract de explains how to cor		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:				ler ID (Ethics Commission Filers)
1. Potar pages contours 1.	Barbara Canales			
4 Date 03/06/2019	5 Payee name Dropbox			
6 Amount \$10.65	7 Payee address; 333 Brannan St San Francisco,	City; CA 94107-1810	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed Office Overhead/Rental Expense	at the top of this schedule)		ption Theck 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 sougl	ht Office held
4 Date	5 Payee name			
04/04/2019	Alamin Shrine Circus			
6 Amount \$250.00	7 Payee address; 2001 Suntide Rd Corpus Chris	City; sti, TX 78409-2111	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories lister Contributions/Donations Made By Candidate/Officeholder/Political C		==	Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office soug	ht Office held
4 Date	5 Payee name			
04/15/2019	Cricket Wireless			
6 Amount \$30.00	7 Payee address; 4102 S Staples St Corpus Chr	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)		Check if travel outside of Texas, complete Schedule 1 Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name)	Office soug	ht Office held
	ATTACH ADDITIONAL CO	PIES OF THIS SCH	EDULE A	S NEEDED

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contrac	et Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)	
Credit Card Payment	The Instruction Gui	de explains how to con			
Total pages Schedule F1:	FILER NAME Barbara Canales		3. File	er ID (Ethics Commission Filers)	
4 Date	5 Payee name				
04/16/2019	Nueces County Livestock Show		01-1-1	7in Codo	
6 Amount \$1,150.00	7 Payee address; 710 E Main Ave Robstown, T	City; X 78380-3133	State:	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed Contributions/Donations Made By Candidate/Officeholder/Political C			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	5 Payee name				
04/30/2019	IBC Bank				
6 Amount \$15.35	7 Payee address; 221 S Shoreline Blvd Corpus	City; Christi, TX 78401-2833	State:	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories lister Fees	d at the top of this schedule)		heck if travel outside of Texas, complete Schedule I heck if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	nt Office held	
4 Date	5 Payee name				
04/30/2019	West Oso ISD				
6 Amount \$60.00	7 Payee address; 5050 Rockford Dr Corpus Ch	City; risti, TX 78416-2530	State:	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories lister Contributions/Donations Made By Candidate/Officeholder/Political (,		Check if travel outside of Texas, complete Schedule 1 Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name)	Office soug	ht Office held	
	ATTACH ADDITIONAL CO	PIES OF THIS SCH	EDULE A	S NEEDED	

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Gui	Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contrac de explains how to con		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)
		ue explains now to con		er ID (Ethics Commission Filers)
Total pages Schedule F1:	2. FILER NAME Barbara Canales		3. FII	er ID (Ethics Commission Friers)
4 Date	5 Payee name			
05/02/2019	NGP VAN			
6 Amount \$250.00	7 Payee address; 48 Grove St Ste Somerville, M	City; A 02144-2500	State:	Zip Code
8 PURPOȘE OF EXPENDITURE	(a) Category (See categories listed Office Overhead/Rental Expense	at the top of this schedule)	<u></u>	otion heck if travel outside of Texas, complete Schedule T heck if Austin, TX, officeholder living expense ranagement
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	it Office held
4 Date	5 Payee name			
05/02/2019	Sage Payment Solutions			
6 Amount \$2.50	7 Payee address; 12120 Sunset Hills Rd Ste 500	City; Reston, VA 20190-5858	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed Fees	l at the top of this schedule)		theck if travel outside of Texas, complete Schedule T 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	5 Payee name			
05/03/2019	Answer Anytime Answering S	Service		
6 Amount \$69.23	7 Payee address; 1345 Crescent Dr Corpus Chri	City; isti, TX 78468-2601	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories lister Office Overhead/Rental Expense	d at the top of this schedule)	<u> </u>	Sheck if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sougl	nt Office held
	ATTACH ADDITIONAL CO	PIES OF THIS SCHI	EDULE AS	S NEEDED

	EXPENDIT	TURE CATEGORIES	OK BUX 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 Salaries/Wages/Contrac	et Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Gui	de explains how to con	nplete this f	orm.
Total pages Schedule F1:	2. FILER NAME Barbara Canales		3. File	er ID (Ethics Commission Filers)
4 Date 05/06/2019	5 Payee name Dropbox			
6 Amount \$10.65	7 Payee address; 333 Brannan St San Francisco,	City; , CA 94107-1810	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed Office Overhead/Rental Expense	d 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	t Office held
4 Date 05/15/2019	5 Payee name Cricket Wireless			
6 Amount \$30.00	7 Payee address; 4102 S Staples St Corpus Chris	City; isti, TX 78411-2100	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories lister Office Overhead/Rental Expense	d 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	it Office held
4 Date 05/21/2019	5 Payee name La De Da Events			
6 Amount \$1,000.00	7 Payee address; 5233 I37 Corpus Christi, TX	City; 78408	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories liste Event Expense	ed at the top of this schedule)		ption check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense ounty In-kind Donation
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	9	Office sough	nt Office held
	ATTACH ADDITIONAL CO	PIES OF THIS SCH	IEDULE AS	S NEEDED

	EXPENDIT	EXPENDITURE CATEGORIES FOR 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/Contrac de explains how to con		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) orm.			
1. Total pages Schedule F1:	2. FILER NAME		3. File	er ID (Ethics Commission Filers)			
,, , out, pages carred and	Barbara Canales		****				
4 Date	5 Payee name						
05/24/2019	Bernards Catering						
	7 Payee address;	City;	State:	Zip Code			
\$181.21	1604 S Staples St Corpus Chri	-					
8	(a) Category (See categories listed	d at the top of this schedule)	(b) Descri	otion heck if travel outside of Texas, complete Schedule T			
PURPOSE	F+ F		ı ≌	heck if Austin, TX, officeholder living expense			
OF EXPENDITURE	Event Expense		Catering				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	(Office sough	t Office held			
4 Date	5 Payee name						
05/28/2019	Pete McRae						
6 Amount \$3,500.00	7 Payee address; 707 S Main St Ste 202 George	City; etown, TX 78626-5700	State:	Zip Code			
8	(a) Category (See categories lister	d at the tan of this schedula)	(b) Descri	ption			
PURPOSE	(3ee categories lister	d at the top of this schedule;	`	Sheck if travel outside of Texas, complete Schedule T			
OF	Consulting Expense		-	Check if Austin, TX, officeholder living expense			
EXPENDITURE			Campaign	consuling			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	,	Office sough	nt Office held			
4 Date	5 Payee name						
05/31/2019	IBC Bank						
6 Amount	7 Payee address;	City;	State:	Zip Code			
\$16.20	221 S Shoreline Blvd Corpus	Christi, TX 78401-2833					
8	(a) Category (See categories liste	d at the top of this schedule)	(b) Descr	iption Check if travel outside of Texas, complete Schedule T			
PURPOSE				Check if Austin, TX, officeholder living expense			
OF EXPENDITURE	Fees		Banking fo				
-/ LINDIONE							
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name)	Office soug	ht Office held			
	ATTACH ADDITIONAL CO	PIES OF THIS SCH	EDULE A	S NEEDED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guit	Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contract de explains how to con	ct 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	do oxpidirio iron to to.		ler ID (Ethics Commission Filers)	
Total pages Schedule F1:	Barbara Canales		0. 1.	(Letito Commodon Choro)	
4 5-4-					
4 Date 06/03/2019	5 Payee name NGP VAN				
	7 Payee address;	City;	State:	Zip Code	
3 Amount \$250.00	48 Grove St Ste Somerville, M	•			
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descri	ption heck if travel outside of Texas, complete Schedule T	
PURPOSE OF	Office Overhead/Rental Expense		1 ==	Check if Austin, TX, officeholder fiving expense	
EXPENDITURE	Office overhoad Rental Expense		Database n	nanagement	
			Office	ht Office held	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	nt Office held	
4 Date	5 Payee name				
06/03/2019	Sage Payment Solutions				
6 Amount \$2.50	7 Payee address; 12120 Sunset Hills Rd Ste 500	City; Reston, VA 20190-585	State:	Zip Code	
8 PURPOSE OF	(a) Category (See categories listed	d at the top of this schedule)		iption Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense	
EXPENDITURE	Fees		Credit card		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office soug	ht Office held	
4 Date	5 Payee name	**************************************			
06/04/2019	Answer Anytime Answering S	Service			
6 Amount \$69.23	7 Payee address;	City;	State:	Zip Code	
	1345 Crescent Dr Corpus Chri	isti, TX 78468-2601			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories lister Office Overhead/Rental Expense	d at the top of this schedule)		Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office soug	ht Office held	

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Gui	Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contract de explains how to con	ct 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			ler ID (Ethics Commission Filers)	
1. Total pages conducto 7 1.	Barbara Canales			,	
4 Date	5 Payee name				
06/04/2019	Susan Clark				
6 Amount \$500.00	7 Payee address; 1123 Main Dr Corpus Christi,	City; TX 78409-2205	State:	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed	at the top of this schedule)		iption Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office soug	ht Office held	
4 Date	5 Payee name				
06/06/2019	Dropbox				
6 Amount \$10.65	7 Payee address; 333 Brannan St San Francisco	City;	State:	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed Office Overhead/Rental Expense	at the top of this schedule)		iption 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 soug	ht Office held	
4 Date	5 Payee name				
06/07/2019	La De Da Events				
6 Amount \$2,230,00	7 Payee address; 5233 I37 Corpus Christi, TX 7	City; 8408	State:	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed Event Expense	d at the top of this schedule)	(b) Desc	ription Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense to County In Kind	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office soug	ht Office held	
I					

Revised 9/8/2015

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EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense y Gift/Awards/Memorials Expense Legal Services The Instruction Guid	Office Overhead/Renta Polling Expense Printing Expense Salaries/Wages/Contra de explains how to co	act Labor	Trans Exper r Trave Trave Other	ation/Fundraising Expense portation Equipment & Related ise I In District I Out of District (enter a category not listed above)
Total pages Schedule F1:	2. FILER NAME		[3	3. Filer ID (Ethics Commission Filers)
	Barbara Canales				
4 Date	5 Payee name				
06/17/2019	Coastal Conservation Associati	on CC Chapter			
6 Amount	7 Payee address;	City;	St	ate:	Zip Code
\$120.00	6919 Portwest Dr Houston, TX	77024-8048			
8	(a) Category (See categories listed	at the top of this schedule)	(b) D	escription	1 ()1 (7
PURPOSE OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Co		Even	<u></u>	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 s	sought	Office held
4 Date	5 Payee name				
06/17/2019	Cricket Wireless				
6 Amount \$30.00	7 Payee address; 4102 S Staples St Corpus Chris	City; iti, TX 78411-2100	St	ate:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed Office Overhead/Rental Expense	at the top of this schedule)	(b) De	Check if	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 s	sought	Office held
4 Date	5 Payee name	,		······································	
06/30/2019	IBC Bank				
6 Amount \$15.55	7 Payee address; 221 S Shoreline Blvd Corpus C	City; Christi, TX 78401-2833	St	ate:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed	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 name		Office s	sought	Office held
	ATTACH ADDITIONAL COR	PIES OF THIS SCH	EDULI	E AS NEF	DED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instruction Guide explains how to complete this form.	Total page not ava	ges Schedule K: ailable
2. FILER NAM Barbara Car		3. Filer ID ((Ethics Commission Filers)
4. Date 02/06/2019	5 Name of person from whom amount is received TEGNA 6 Address of person from whom amount is received; City; State; Zip	Code	8 Amount \$1,955.00
	PO Box 730 Fishers, IN 46038-0730	0000	
	7 Purpose for which amount is received Refunded Ad Purchase	Check if	political contribution returned to filer

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