

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1. Filer ID (Ethics Commission Filers)	2. Total pages filed: 39	
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR	FIRST	MI	
	NICKNAME	LAST	SUFFIX	
4 CANDIDATE/ OFFICEHOLDER ADDRESS		ADDRESS /PO BOX:	APT/SUITE #	CITY STATE: ZIP CODE
<input type="checkbox"/> Change of Address		401 N Tanchua	Corpus Christi TX	78401
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
		(210) 633-7360		
6 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI	
	NICKNAME	LAST	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS:	APT/SUITE #	CITY STATE: ZIP CODE
		401 N Tanchua	Corpus Christi TX	78401
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
		(210) 633-7369		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach- COH-FR)			
10 PERIOD COVERED	Month	Day	Year	Month Day Year
				07/01/2019 THROUGH 12/31/2019
11 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month	Day	Year	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special
				03/03/2022
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) Other Office: Nueces County Ju	
GO TO PAGE 2				

FILED FOR RECORD
OFFICE USE ONLY
AT 4:04 PM
Date Received
JAN 15 REC'D
KARA SANDS
CLERK, COUNTY COURT, NUECES COUNTY, TEXAS
By [Signature] DEPUTY
Date Hand-delivered or Date Postmarked


2020-0021

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14 C/OH NAME	Barbara Canales	15 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
<input type="checkbox"/> additional pages	COMMITTEE CAMPAIGN TREASURER ADDRESS	

17 CONTRIBUTION TOTALS	1	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$0.00
	2	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$56,082.00
EXPENDITURE TOTALS	3	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$0.00
	4	TOTAL POLITICAL EXPENDITURES	\$19,019.25
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$47,461.72
OUTSTANDING LOAN TOTALS	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$0.00

<p>18 AFFIDAVIT</p>  <p>AFFIX NOTARY STAMP / SEAL ABOVE</p> <p>Sworn to and subscribed before me, by the said <u>Barbara Canales</u>, this the <u>15th</u> day of <u>JAN.</u> 20<u>20</u> to certify which, witness my hand and seal of office.</p> <p><u>Romanita M Canseco</u> Signature of officer administering oath</p> <p><u>Romanita Canseco</u> Printed name of officer administering oath</p> <p><u>Notary Public</u> Title of officer administering oath</p>	<p>I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.</p> <p style="text-align: center;"><u>Barbara Canales</u> Signature of Candidate or Officeholder</p>
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SUBTOTALS - COH**FORM C/OH
COVER SHEET PG 3**

19. FILER NAME Barbara Canales	20. FILER ID (Ethics Commission Filers)
21. SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTALS AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$56,082.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$0.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$0.00
4. SCHEDULE E: LOANS	\$0.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$19,019.25
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$0.00
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$0.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS AND CONTRIBUTIONS RETURNED TO FILER	\$0.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Barbara Canales		3. Filer ID (Ethics Commission Filers)
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Antonio Abarca 6. Contributor address; City; State; ZIP Code 6930 Pharaoh Dr Corpus Christi, TX 78412-3808	7. Amount of contribution (\$) \$200.00
8. Principal occupation / Job title (See Instructions) Self		9 Employer (See Instructions) Self
4. Date 08/01/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Douglas Allison 6. Contributor address; City; State; ZIP Code 403 N Taneahua St Corpus Christi, TX 78401-2736	7. Amount of contribution (\$) \$500.00
8. Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) self employed
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Lynn Allison 6. Contributor address; City; State; ZIP Code 410 Miramar Pl Corpus Christi, TX 78411-1527	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Self employed		9 Employer (See Instructions) Self employed
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Austin Anderson 6. Contributor address; City; State; ZIP Code PO Box 2682 Corpus Christi, TX 78403-2682	7. Amount of contribution (\$) \$500.00
8. Principal occupation / Job title (See Instructions) Construction Manager		9 Employer (See Instructions) AG CM
4. Date 12/31/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Marshall Anderson 6. Contributor address; City; State; ZIP Code PO Box 1355 P.O. Box 1355 Corpus Christi, TX 78403-1355	7. Amount of contribution (\$) \$5.00
8. Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Barbara Canales		3. Filer ID (Ethics Commission Filers)
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Margaret Banales 6. Contributor address; City; State; ZIP Code 3134 Seven Trees Dr Corpus Christi, TX 78410-2422	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions) Self Employed		9 Employer (See Instructions) Self Employed
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Margarita Banales 6. Contributor address; City; State; ZIP Code 10309 Sir Nickolas Dr Corpus Christi, TX 78410-2216	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions) Self employed		9 Employer (See Instructions) Self employed
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ David Bartlett 6. Contributor address; City; State; ZIP Code 701 Naples St Corpus Christi, TX 78404-2913	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Murray Bass III 6. Contributor address; City; State; ZIP Code 210 Carancahua Ste 400 Corpus Christi, TX 78401	7. Amount of contribution (\$) \$200.00
8. Principal occupation / Job title (See Instructions) Self employed		9 Employer (See Instructions) Self employed
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ John Bell 6. Contributor address; City; State; ZIP Code 13750 Primavera Dr Corpus Christi, TX 78418-6039	7. Amount of contribution (\$) \$500.00
8. Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2. FILER NAME Barbara Canales		3. Filer ID (Ethics Commission Filers)
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Lauren Bell 6. Contributor address; City; State; ZIP Code 404 12th St Galveston, TX 77550-2603	7. Amount of contribution (\$) \$1,000.00
8. Principal occupation / Job title (See Instructions) Self employed		9 Employer (See Instructions) Self employed
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Max Bennett 6. Contributor address; City; State; ZIP Code PO Box 2678 Weatherford, TX 76086-8678	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self
4. Date 11/20/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Bonnie Berry 6. Contributor address; City; State; ZIP Code 4550 River Park Dr Corpus Christi, TX 78410-5671	7. Amount of contribution (\$) \$5,000.00
8. Principal occupation / Job title (See Instructions) Administrator		9 Employer (See Instructions) Self Employed
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Courtney Berry 6. Contributor address; City; State; ZIP Code 2757 Ocean Dr Corpus Christi, TX 78404-1741	7. Amount of contribution (\$) \$5,000.00
8. Principal occupation / Job title (See Instructions) Self employed		9 Employer (See Instructions) Self employed
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ M.L. Berry 6. Contributor address; City; State; ZIP Code 9646 Paula Dr Corpus Christi, TX 78410-1527	7. Amount of contribution (\$) \$1,000.00
8. Principal occupation / Job title (See Instructions) Self employed		9 Employer (See Instructions) Self employed

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2. FILER NAME Barbara Canales		3. Filer ID (Ethics Commission Filers)
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Deven Bhakta 6. Contributor address; City; State; ZIP Code 5213 Oakhurst Dr Corpus Christi, TX 78411-4369	7. Amount of contribution (\$) \$500.00
8. Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) ZJZ Hospitality Inc
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ John R Blocker Jr 6. Contributor address; City; State; ZIP Code 5452 Longmont Dr Houston, TX 77056-2341	7. Amount of contribution (\$) \$500.00
8. Principal occupation / Job title (See Instructions) Oil & Gas Investor		9 Employer (See Instructions) Self
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Osbert Blow MD 6. Contributor address; City; State; ZIP Code 4000 Surfside Blvd Apt 401 Corpus Christi, TX 78402-1425	7. Amount of contribution (\$) \$500.00
8. Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Ruben Bonilla Jr 6. Contributor address; City; State; ZIP Code PO Box 5080 Corpus Christi, TX 78465-5080	7. Amount of contribution (\$) \$1,000.00
8. Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Ruben Bonilla Insurance - Farmers Group
4. Date 11/12/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Richard Borchard 6. Contributor address; City; State; ZIP Code 481 Meyer Rd Westhoff, TX 77994-4133	7. Amount of contribution (\$) \$500.00
8. Principal occupation / Job title (See Instructions) Client relations		9 Employer (See Instructions) Linebarger Law Firm

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2. FILER NAME Barbara Canales		3. Filer ID (Ethics Commission Filers)
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ T Hardie Bowman 6. Contributor address; City; State; ZIP Code 460 Del Mar Blvd Corpus Christi, TX 78404-1934	7. Amount of contribution (\$) \$250.00
8. Principal occupation / Job title (See Instructions) CPA		9 Employer (See Instructions) Bowman & Associates CPA
4. Date 12/10/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Robert Browning 6. Contributor address; City; State; ZIP Code 4902 Cherry Hills Dr Corpus Christi, TX 78413-2735	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Ernie Buck 6. Contributor address; City; State; ZIP Code 823 S Water St 4 B Corpus Christi, TX 78401-3568	7. Amount of contribution (\$) \$250.00
8. Principal occupation / Job title (See Instructions) Self		9 Employer (See Instructions) Self
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Julian Camacho 6. Contributor address; City; State; ZIP Code 3655 Shoreline Dr Corpus Christi, TX 78411	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) Camacho Demo
4. Date 12/13/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Gus T Canales 6. Contributor address; City; State; ZIP Code PO Box 650 Premont, TX 78375-0650	7. Amount of contribution (\$) \$2,500.00
8. Principal occupation / Job title (See Instructions) Investments		9 Employer (See Instructions) Self employed

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Barbara Canales		3. Filer ID (Ethics Commission Filers)
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Rachel Canales 6. Contributor address; City; State; ZIP Code 1374 Sandpiper Dr Corpus Christi, TX 78412-3818	7. Amount of contribution (\$) \$500.00
8. Principal occupation / Job title (See Instructions) Self employed		9 Employer (See Instructions) Self employed
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Capitol Strategy Associates LLC 6. Contributor address; City; State; ZIP Code 800 N Shoreline Blvd Ste 1010 Corpus Christi, TX 78401-3700	7. Amount of contribution (\$) \$1,000.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Tom Carlisle 6. Contributor address; City; State; ZIP Code 500 N Water St Ste 900 Corpus Christi, TX 78401-0234	7. Amount of contribution (\$) \$3,000.00
8. Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Carlisle Insurance
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Maria Elena Cavazos 6. Contributor address; City; State; ZIP Code 5425 Whitmarsh Dr Corpus Christi, TX 78413-3827	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Paul Chapa 6. Contributor address; City; State; ZIP Code 8022 Saint Laurent Dr Corpus Christi, TX 78414-6016	7. Amount of contribution (\$) \$500.00
8. Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Linebarger Goggan Blair & Sampson, LLP

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2. FILER NAME Barbara Canales		3. Filer ID (Ethics Commission Filers)
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Elizabeth Chu Richter 6. Contributor address; City; State; ZIP Code 1386 Sandpiper Dr Corpus Christi, TX 78412-3818	7. Amount of contribution (\$) \$500.00
8. Principal occupation / Job title (See Instructions) Self employed		9 Employer (See Instructions) Self employed
4. Date 12/10/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Eddy Cisneros 6. Contributor address; City; State; ZIP Code 6302 Saint Andrews Dr Corpus Christi, TX 78413-2821	7. Amount of contribution (\$) \$300.00
8. Principal occupation / Job title (See Instructions) Self Employed		9 Employer (See Instructions) Self Employed
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Rosie Collin 6. Contributor address; City; State; ZIP Code 7821 Etienne Dr Corpus Christi, TX 78414-6011	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Port of CC		9 Employer (See Instructions) Port of CC
4. Date 12/13/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Sarah Cook 6. Contributor address; City; State; ZIP Code 629 Catalina Pl Corpus Christi, TX 78411-2303	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Self employed		9 Employer (See Instructions) Self employed
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Melody Cooper 6. Contributor address; City; State; ZIP Code 3765 S Alameda St Ste 322 Corpus Christi, TX 78411-1673	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2. FILER NAME Barbara Canales		3. Filer ID (Ethics Commission Filers)
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Romulo Corrada MD 6. Contributor address; City; State; ZIP Code PO Box 8848 Corpus Christi, TX 78468-8848	7. Amount of contribution (\$) \$300.00
8. Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Claude D'Unger 6. Contributor address; City; State; ZIP Code 201 Del Mar Blvd 201 Del Mar Blvd Corpus Christi, TX 78404-1826	7. Amount of contribution (\$) \$500.00
8. Principal occupation / Job title (See Instructions) Environmental Scientist		9 Employer (See Instructions) Retired
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Daniel Dain 6. Contributor address; City; State; ZIP Code 4759 Ocean Dr Corpus Christi, TX 78412-2675	7. Amount of contribution (\$) \$1,000.00
8. Principal occupation / Job title (See Instructions) Self employed		9 Employer (See Instructions) Self employed
4. Date 11/20/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Al Dodds 6. Contributor address; City; State; ZIP Code 514 Hangar Ln 514 Hangar Lane Corpus Christi, TX 78406-1821	7. Amount of contribution (\$) \$300.00
8. Principal occupation / Job title (See Instructions) Aircraft Manager		9 Employer (See Instructions) Self Employed
4. Date 11/24/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Patricia Eisenhauer 6. Contributor address; City; State; ZIP Code 14493 S Padre Island Dr Ste A Corpus Christi, TX 78418-5939	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) INSURANCE		9 Employer (See Instructions) RETIRED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2. FILER NAME Barbara Canales		3. Filer ID (Ethics Commission Filers)
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Scott Elliff 6. Contributor address; City; State; ZIP Code 929 Driftwood Pl Corpus Christi, TX 78411-2225	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Laura Estrada 6. Contributor address; City; State; ZIP Code 434 Pennington Dr Corpus Christi, TX 78412-2349	7. Amount of contribution (\$) \$30.00
8. Principal occupation / Job title (See Instructions) Self employed		9 Employer (See Instructions) Self employed
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Moses Estrada 6. Contributor address; City; State; ZIP Code 4805 Fm 1889 Robstown, TX 78380-5802	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
4. Date 12/13/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Dale Eubank 6. Contributor address; City; State; ZIP Code 23 E Bar Le Doc Dr Corpus Christi, TX 78414-6156	7. Amount of contribution (\$) \$200.00
8. Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self employed
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Scott Fagan 6. Contributor address; City; State; ZIP Code 802 N. Carranchua Ste 1655 Corpus Christi, TX 78470	7. Amount of contribution (\$) \$500.00
8. Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Scott Fagan Investments

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2. FILER NAME Barbara Canales		3. Filer ID (Ethics Commission Filers)
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Sandra and Matt Ficene 6. Contributor address; City; State; ZIP Code 341 Claremore St Corpus Christi, TX 78412-2718	7. Amount of contribution (\$) \$300.00
8. Principal occupation / Job title (See Instructions) Self		9 Employer (See Instructions) Self
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ George Finley III 6. Contributor address; City; State; ZIP Code 3360 Ocean Dr Corpus Christi, TX 78411-1457	7. Amount of contribution (\$) \$2,500.00
8. Principal occupation / Job title (See Instructions) Investor		9 Employer (See Instructions) Self Employed
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Blanche Garcia 6. Contributor address; City; State; ZIP Code 32 Townhouse Ln Corpus Christi, TX 78412-4266	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
4. Date 12/10/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Ernest Garza 6. Contributor address; City; State; ZIP Code 10201 Leopard St Corpus Christi, TX 78410-1923	7. Amount of contribution (\$) \$1,000.00
8. Principal occupation / Job title (See Instructions) Self		9 Employer (See Instructions) Self
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Rudy Garza 6. Contributor address; City; State; ZIP Code 901 N Upper Broadway St Apt 204 Corpus Christi, TX 78401-3572	7. Amount of contribution (\$) \$200.00
8. Principal occupation / Job title (See Instructions) Self employed		9 Employer (See Instructions) Self employed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Barbara Canales		3. Filer ID (Ethics Commission Filers)
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Conni Geary 6. Contributor address; City; State; ZIP Code 5472 Nesting Pl Robstown, TX 78380-2033	7. Amount of contribution (\$) \$250.00
8. Principal occupation / Job title (See Instructions) Self		9 Employer (See Instructions) Self
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Gignac & Associates LLP 6. Contributor address; City; State; ZIP Code 416 Starr St Corpus Christi, TX 78401-2343	7. Amount of contribution (\$) \$1,000.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 11/18/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Mary Gleason 6. Contributor address; City; State; ZIP Code 301 Catalina Pl Corpus Christi, TX 78411-1601	7. Amount of contribution (\$) \$12.00
8. Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Michael Guerra 6. Contributor address; City; State; ZIP Code PO Box 1968 Alice, TX 78333-1968	7. Amount of contribution (\$) \$200.00
8. Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self
4. Date 11/20/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Laura Gwaltney 6. Contributor address; City; State; ZIP Code 5866 S Staples St Ste 403 Corpus Christi, TX 78413-3785	7. Amount of contribution (\$) \$500.00
8. Principal occupation / Job title (See Instructions) Insurance Consultant		9 Employer (See Instructions) Walker & Associates

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Barbara Canales		3. Filer ID (Ethics Commission Filers)
4. Date 11/22/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Gloria Hicks 6. Contributor address; City; State; ZIP Code 3102 S Padre Island Dr Corpus Christi, TX 78415-1816	7. Amount of contribution (\$) \$1,000.00
8. Principal occupation / Job title (See Instructions) Accountant		9 Employer (See Instructions) Ed Hicks Imports
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Rosie Hicks 6. Contributor address; City; State; ZIP Code 5313 River Oaks Dr Corpus Christi, TX 78413-2807	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions) Self employed		9 Employer (See Instructions) Self employed
4. Date 11/19/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ BOB & CATHERINE HILLIARD 6. Contributor address; City; State; ZIP Code 3655 Aransas St Corpus Christi, TX 78411-1303	7. Amount of contribution (\$) \$5,000.00
8. Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Hilliard Martinez Gonzales
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Juan Huerta 6. Contributor address; City; State; ZIP Code 446 Pennington Dr Corpus Christi, TX 78412-2349	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions) Educator		9 Employer (See Instructions) A&M-Corpus Christi
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Michael Hummell 6. Contributor address; City; State; ZIP Code 44 Lake Shore Dr Corpus Christi, TX 78413-2634	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions) Self		9 Employer (See Instructions) Self

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Barbara Canales		3. Filer ID (Ethics Commission Filers)
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Jerry Hunsaker MD 6. Contributor address; City; State; ZIP Code 4707 Everhart Rd No. 106 Corpus Christi, TX 78411-2736	7. Amount of contribution (\$) \$500.00
8. Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Michael Hurst 6. Contributor address; City; State; ZIP Code 13822 Suntan Ave Corpus Christi, TX 78418-6053	7. Amount of contribution (\$) \$500.00
8. Principal occupation / Job title (See Instructions) Self employed		9 Employer (See Instructions) Self employed
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Phil Hurst 6. Contributor address; City; State; ZIP Code 5401 Adair Dr Corpus Christi, TX 78413-2256	7. Amount of contribution (\$) \$500.00
8. Principal occupation / Job title (See Instructions) Self employed		9 Employer (See Instructions) Self employed
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Rumaldo Juarez 6. Contributor address; City; State; ZIP Code 15261 Pecos River Dr Corpus Christi, TX 78410-5719	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ James Klein 6. Contributor address; City; State; ZIP Code 3501 Monterrey St Corpus Christi, TX 78411-1709	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions) Faculty		9 Employer (See Instructions) Del Mar College

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Barbara Canales		3. Filer ID (Ethics Commission Filers)
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ William Liles 6. Contributor address; City; State; ZIP Code 13829 Eaglesnest Bay Dr Corpus Christi, TX 78418-6302	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Barnacle Bill's Sail Loft
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Linebarger Goggan Blair & Sampson LLP 6. Contributor address; City; State; ZIP Code PO Box 17428 Austin, TX 78760-7428	7. Amount of contribution (\$) \$2,500.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 12/13/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Alfredo Longoria 6. Contributor address; City; State; ZIP Code 4205 Aaron Cv Corpus Christi, TX 78413-4444	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Samuel Longoria 6. Contributor address; City; State; ZIP Code 8237 Garner Dr Corpus Christi, TX 78414-4408	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions) Banker		9 Employer (See Instructions) American Bank
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Judith Loverde 6. Contributor address; City; State; ZIP Code 909 Driftwood Pl Corpus Christi, TX 78411-2225	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Barbara Canales		3. Filer ID (Ethics Commission Filers)
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ John Martinez 6. Contributor address; City; State; ZIP Code 310 Bayshore Dr Corpus Christi, TX 78412-2608	7. Amount of contribution (\$) \$250.00
8. Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Betty McCaskill 6. Contributor address; City; State; ZIP Code 1026 Barracuda Pl Corpus Christi, TX 78411-2102	7. Amount of contribution (\$) \$20.00
8. Principal occupation / Job title (See Instructions) Self employed		9 Employer (See Instructions) Self employed
4. Date 11/11/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Patrick McDonald 6. Contributor address; City; State; ZIP Code 6814 E Riverside Dr Unit 42 Austin, TX 78741-6670	7. Amount of contribution (\$) \$10.00
8. Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Self
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ James McKibben 6. Contributor address; City; State; ZIP Code 555 N Carancahua St Ste 1100 Corpus Christi, TX 78401-0841	7. Amount of contribution (\$) \$1,000.00
8. Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) McKibben Woolsey & Villarreal
4. Date 11/19/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Vic Medina 6. Contributor address; City; State; ZIP Code 1802 Brazos Dr Corpus Christi, TX 78412-5008	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions) Business Development		9 Employer (See Instructions) Dawson Recycling & Disposal

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Barbara Canales		3. Filer ID (Ethics Commission Filers)
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ John Michael 6. Contributor address; City; State; ZIP Code 3117 Seafoam Dr Corpus Christi, TX 78418-3912	7. Amount of contribution (\$) \$500.00
8. Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Naismith Engineering
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ John Michael 6. Contributor address; City; State; ZIP Code 3117 Seafoam Dr Corpus Christi, TX 78418-3912	7. Amount of contribution (\$) \$500.00
8. Principal occupation / Job title (See Instructions) Sr VP		9 Employer (See Instructions) Hanson Services
4. Date 12/13/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Becky Moeller 6. Contributor address; City; State; ZIP Code 7217 Sparkle Sea Dr Apt EE Corpus Christi, TX 78412-5166	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
4. Date 11/19/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Michelle Moffitt 6. Contributor address; City; State; ZIP Code 134 Louisiana Ave Corpus Christi, TX 78404-1702	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Cert Prof. Landman		9 Employer (See Instructions) Self Employed
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ D.R. Myers 6. Contributor address; City; State; ZIP Code 6407 Teamwork Trl Corpus Christi, TX 78417-3453	7. Amount of contribution (\$) \$2,500.00
8. Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Coastal Vortex

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Barbara Canales		3. Filer ID (Ethics Commission Filers)
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Rose Navalta 6. Contributor address; City; State; ZIP Code 5525 Wooldridge Rd Corpus Christi, TX 78413-3838	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Realtor		9 Employer (See Instructions) Metro Properties
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Vera Nolen 6. Contributor address; City; State; ZIP Code 617 Dolphin Pl Corpus Christi, TX 78411-2215	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Armando Oropez 6. Contributor address; City; State; ZIP Code 1526 S 19th St Corpus Christi, TX 78404-3439	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions) Self employed		9 Employer (See Instructions) Self employed
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Ruby Payne 6. Contributor address; City; State; ZIP Code 460 Del Mar Blvd Corpus Christi, TX 78404-1934	7. Amount of contribution (\$) \$250.00
8. Principal occupation / Job title (See Instructions) Self employed		9 Employer (See Instructions) Self employed
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ PRI Whitehall LLC 6. Contributor address; City; State; ZIP Code PO Box 60267 Corpus Christi, TX 78466-0267	7. Amount of contribution (\$) \$500.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Barbara Canales		3. Filer ID (Ethics Commission Filers)
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Herman Rodriguez 6. Contributor address; City; State; ZIP Code 3714 Perfection Lake Ave Robstown, TX 78380-6134	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Self employed		9 Employer (See Instructions) Self employed
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Martha Rosen 6. Contributor address; City; State; ZIP Code 301 Jackson Pl Corpus Christi, TX 78411-1619	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions) Sales		9 Employer (See Instructions) Ricoh
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Don Schauer 6. Contributor address; City; State; ZIP Code 1 Hewit Dr Corpus Christi, TX 78404-1609	7. Amount of contribution (\$) \$250.00
8. Principal occupation / Job title (See Instructions) Self		9 Employer (See Instructions) Attorney
4. Date 12/13/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Bernard Seger 6. Contributor address; City; State; ZIP Code 1602 Glenoak Dr Corpus Christi, TX 78418-8919	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Surgeon		9 Employer (See Instructions) South Texas Bone and Joint
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Laura Shamsie 6. Contributor address; City; State; ZIP Code 4002 Castle Valley Dr # SR Corpus Christi, TX 78410-3629	7. Amount of contribution (\$) \$40.00
8. Principal occupation / Job title (See Instructions) Student		9 Employer (See Instructions) Student

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Barbara Canales		3. Filer ID (Ethics Commission Filers)
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Terry Shamsie 6. Contributor address; City; State; ZIP Code 4002 Castle Valley Dr Corpus Christi, TX 78410-3629	7. Amount of contribution (\$) \$250.00
8. Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self Employed
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Harold Shockley Jr. 6. Contributor address; City; State; ZIP Code 6701 Shilling Way Ln Corpus Christi, TX 78414-3469	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions) Banker		9 Employer (See Instructions) IBC Bank
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Jana Shockley 6. Contributor address; City; State; ZIP Code 418 Indiana Ave Corpus Christi, TX 78404-1717	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Self employed		9 Employer (See Instructions) Self employed
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Donald Taft 6. Contributor address; City; State; ZIP Code PO Box 270505 Corpus Christi, TX 78427-0505	7. Amount of contribution (\$) \$1,000.00
8. Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) Tejas Management Systems, Inc
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Margaret Turner 6. Contributor address; City; State; ZIP Code 618 Cunningham St Corpus Christi, TX 78411-2443	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Self employed		9 Employer (See Instructions) Self employed

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Barbara Canales		3. Filer ID (Ethics Commission Filers)
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Carlos Valdez 6. Contributor address; City; State; ZIP Code 4654 Christie St Corpus Christi, TX 78415-1648	7. Amount of contribution (\$) \$25.00
8. Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Roberto Vela 6. Contributor address; City; State; ZIP Code 1321 S Port Ave Corpus Christi, TX 78405-2101	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self Employed
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Belinda Villiva 6. Contributor address; City; State; ZIP Code 1019 Iowa St Robstown, TX 78380-3428	7. Amount of contribution (\$) \$40.00
8. Principal occupation / Job title (See Instructions) Self		9 Employer (See Instructions) Self
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ John Wallace 6. Contributor address; City; State; ZIP Code 12 Camden Pl Corpus Christi, TX 78412-2613	7. Amount of contribution (\$) \$500.00
8. Principal occupation / Job title (See Instructions) Real Estate		9 Employer (See Instructions) Self
4. Date 12/23/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Leo Welder 6. Contributor address; City; State; ZIP Code 800 N Shoreline Blvd Ste 300N Corpus Christi, TX 78401-3723	7. Amount of contribution (\$) \$1,000.00
8. Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Welder Leshin LLP

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Barbara Canales		3. Filer ID (Ethics Commission Filers)
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Linda White 6. Contributor address; City; State; ZIP Code 825 Egyptian Dr Corpus Christi, TX 78412-3719	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Self employed		9 Employer (See Instructions) Self employed
4. Date 11/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Joseph Wise Jr. 6. Contributor address; City; State; ZIP Code PO Box 1604 Corpus Christi, TX 78403-1604	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Self employed		9 Employer (See Instructions) Self employed

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Barbara Canales	3. Filer ID (Ethics Commission Filers)
4 Date 12/10/2019	5 Payee name Alice Echo News Journal	
6 Amount \$1,100.00	7 Payee address; City; State: Zip Code 405 E Main St Alice, TX 78332-4968	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 07/02/2019	5 Payee name Answer Anytime Answering Service	
6 Amount \$69.23	7 Payee address; City; State: Zip Code 1345 Crescent Dr Corpus Christi, TX 78468-2601	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 08/02/2019	5 Payee name Answer Anytime Answering Service	
6 Amount \$69.23	7 Payee address; City; State: Zip Code 1345 Crescent Dr Corpus Christi, TX 78468-2601	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Barbara Canales	3. Filer ID (Ethics Commission Filers)
4 Date 10/02/2019	5 Payee name Answer Anytime Answering Service	
6 Amount \$69.23	7 Payee address; City; State: Zip Code 1345 Crescent Dr Corpus Christi, TX 78468-2601	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 11/04/2019	5 Payee name Answer Anytime Answering Service	
6 Amount \$69.23	7 Payee address; City; State: Zip Code 1345 Crescent Dr Corpus Christi, TX 78468-2601	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 12/03/2019	5 Payee name Answer Anytime Answering Service	
6 Amount \$69.23	7 Payee address; City; State: Zip Code 1345 Crescent Dr Corpus Christi, TX 78468-2601	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Barbara Canales	3. Filer ID (Ethics Commission Filers)
4 Date 12/09/2019	5 Payee name BUS	
6 Amount \$525.00	7 Payee address; City; State: Zip Code 702 N Chaparral St Corpus Christi, TX 78401-2306	
PURPOSE OF EXPENDITURE	8 (a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
4 Date 09/16/2019	5 Payee name CBD Marine Corps	
6 Amount \$60.00	7 Payee address; City; State: Zip Code 7865 Drive Corpus Christi, TX 78401	
PURPOSE OF EXPENDITURE	8 (a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
4 Date 10/09/2019	5 Payee name Corpus Christi Retired Teachers Assoc	
6 Amount \$50.00	7 Payee address; City; State: Zip Code Staples Dr Corpus Christi, TX 78401	
PURPOSE OF EXPENDITURE	8 (a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Barbara Canales	3. Filer ID (Ethics Commission Filers)
4 Date 07/15/2019	5 Payee name Cricket Wireless	
6 Amount \$30.00	7 Payee address; City; State: Zip Code 4102 S Staples St Corpus Christi, TX 78411-2100	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
4 Date 08/05/2019	5 Payee name Del Mar Campus Dining Services	
6 Amount \$1,109.56	7 Payee address; City; State: Zip Code 101 Baldwin Blvd Corpus Christi, TX 78404-3805	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
4 Date 07/08/2019	5 Payee name Dropbox	
6 Amount \$12.78	7 Payee address; City; State: Zip Code 333 Brannan St San Francisco, CA 94107-1810	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Barbara Canales	3. Filer ID (Ethics Commission Filers)
4 Date 09/06/2019	5 Payee name Dropbox	
6 Amount \$12.78	7 Payee address; City; State: Zip Code 333 Brannan St San Francisco, CA 94107-1810	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
4 Date 10/15/2019	5 Payee name Dropbox	
6 Amount \$12.78	7 Payee address; City; State: Zip Code 333 Brannan St San Francisco, CA 94107-1810	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
4 Date 11/18/2019	5 Payee name Dropbox	
6 Amount \$12.78	7 Payee address; City; State: Zip Code 333 Brannan St San Francisco, CA 94107-1810	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Barbara Canales	3. Filer ID (Ethics Commission Filers)
4 Date 12/06/2019	5 Payee name Dropbox	
6 Amount \$12.78	7 Payee address; City; State: Zip Code 333 Brannan St San Francisco, CA 94107-1810	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 10/27/2019	5 Payee name Fishe for Life	
6 Amount \$1,000.00	7 Payee address; City; State: Zip Code PO Boz 56730 Corpus Christi, TX 78401	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 07/01/2019	5 Payee name IBC Bank	
6 Amount \$2.50	7 Payee address; City; State: Zip Code 221 S Shoreline Blvd Corpus Christi, TX 78401-2833	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Barbara Canales	3. Filer ID (Ethics Commission Filers)
4 Date 07/31/2019	5 Payee name IBC Bank	
6 Amount \$16.60	7 Payee address; City: State: Zip Code 221 S Shoreline Blvd Corpus Christi, TX 78401-2833	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
4 Date 08/02/2019	5 Payee name IBC Bank	
6 Amount \$2.50	7 Payee address; City: State: Zip Code 221 S Shoreline Blvd Corpus Christi, TX 78401-2833	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
4 Date 09/30/2019	5 Payee name IBC Bank	
6 Amount \$15.55	7 Payee address; City: State: Zip Code 221 S Shoreline Blvd Corpus Christi, TX 78401-2833	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Barbara Canales	3. Filer ID (Ethics Commission Filers)
4 Date 10/07/2019	5 Payee name IBC Bank	
6 Amount \$35.00	7 Payee address; City; State: Zip Code 221 S Shoreline Blvd Corpus Christi, TX 78401-2833	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
4 Date 10/09/2019	5 Payee name IBC Bank	
6 Amount \$35.00	7 Payee address; City; State: Zip Code 221 S Shoreline Blvd Corpus Christi, TX 78401-2833	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
4 Date 10/29/2019	5 Payee name IBC Bank	
6 Amount \$35.00	7 Payee address; City; State: Zip Code 221 S Shoreline Blvd Corpus Christi, TX 78401-2833	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Barbara Canales	3. Filer ID (Ethics Commission Filers)
4 Date 10/31/2019	5 Payee name IBC Bank	
6 Amount \$2.05	7 Payee address; City: State: Zip Code 221 S Shoreline Blvd Corpus Christi, TX 78401-2833	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
4 Date 10/31/2019	5 Payee name IBC Bank	
6 Amount \$16.30	7 Payee address; City: State: Zip Code 221 S Shoreline Blvd Corpus Christi, TX 78401-2833	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
4 Date 11/30/2019	5 Payee name IBC Bank	
6 Amount \$29.34	7 Payee address; City: State: Zip Code 221 S Shoreline Blvd Corpus Christi, TX 78401-2833	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Barbara Canales	3. Filer ID (Ethics Commission Filers)
4 Date 12/31/2019	5 Payee name IBC Bank	
6 Amount \$19.55	7 Payee address; City: State: Zip Code 221 S Shoreline Blvd Corpus Christi, TX 78401-2833	
PURPOSE OF EXPENDITURE	8 (a) Category (See categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
4 Date 07/17/2019	5 Payee name LULAC Council I	
6 Amount \$290.00	7 Payee address; City: State: Zip Code 4578 Main Corpus Christi, TX 78401	
PURPOSE OF EXPENDITURE	8 (a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
4 Date 12/16/2019	5 Payee name LWV Womens Event	
6 Amount \$1,000.00	7 Payee address; City: State: Zip Code 3406 S Staples St Corpus Christi, TX 78411-3377	
PURPOSE OF EXPENDITURE	8 (a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Barbara Canales	3. Filer ID (Ethics Commission Filers)
4 Date 07/30/2019	5 Payee name Pete McRae	
6 Amount \$3,500.00	7 Payee address; City: State: Zip Code 707 S Main St Ste 202 Georgetown, TX 78626-5700	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
4 Date 12/10/2019	5 Payee name Pete McRae	
6 Amount \$4,200.00	7 Payee address; City: State: Zip Code 707 S Main St Ste 202 Georgetown, TX 78626-5700	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
4 Date 07/02/2019	5 Payee name NGP VAN	
6 Amount \$250.00	7 Payee address; City: State: Zip Code 48 Grove St Ste Somerville, MA 02144-2500	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Barbara Canales	3. Filer ID (Ethics Commission Filers)
4 Date 08/02/2019	5 Payee name NGP VAN	
6 Amount \$250.00	7 Payee address; City; State: Zip Code 48 Grove St Ste Somerville, MA 02144-2500	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
4 Date 10/02/2019	5 Payee name NGP VAN	
6 Amount \$250.00	7 Payee address; City; State: Zip Code 48 Grove St Ste Somerville, MA 02144-2500	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
4 Date 10/09/2019	5 Payee name Nueces County Sheriff Assoc	
6 Amount \$50.00	7 Payee address; City; State: Zip Code 6723 Morgan Corpus Christi, TX 78404	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Barbara Canales	3. Filer ID (Ethics Commission Filers)
4 Date 07/24/2019	5 Payee name Robstown Area Development Corp	
6 Amount \$750.00	7 Payee address; City: State: Zip Code 34 Main St Robstown, TX 78380	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 10/02/2019	5 Payee name Sage Payment Solutions	
6 Amount \$97.24	7 Payee address; City: State: Zip Code 12120 Sunset Hills Rd Ste 500 Reston, VA 20190-5858	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 10/04/2019	5 Payee name Sage Payment Solutions	
6 Amount \$2.50	7 Payee address; City: State: Zip Code 12120 Sunset Hills Rd Ste 500 Reston, VA 20190-5858	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Barbara Canales	3. Filer ID (Ethics Commission Filers)
4 Date 11/29/2019	5 Payee name Sage Payment Solutions	
6 Amount \$1,525.00	7 Payee address; City; State: Zip Code 12120 Sunset Hills Rd Ste 500 Reston, VA 20190-5858	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
4 Date 12/02/2019	5 Payee name Sage Payment Solutions	
6 Amount \$873.01	7 Payee address; City; State: Zip Code 12120 Sunset Hills Rd Ste 500 Reston, VA 20190-5858	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
4 Date 12/12/2019	5 Payee name Sage Payment Solutions	
6 Amount \$1,000.00	7 Payee address; City; State: Zip Code 12120 Sunset Hills Rd Ste 500 Reston, VA 20190-5858	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Barbara Canales	3. Filer ID (Ethics Commission Filers)
4 Date 07/05/2019	5 Payee name TDP	
6 Amount \$193.75	7 Payee address; City: State: Zip Code 1106 Lavaca St Austin, TX 78701-2169	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
4 Date 08/05/2019	5 Payee name TDP	
6 Amount \$193.75	7 Payee address; City: State: Zip Code 1106 Lavaca St Austin, TX 78701-2169	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
4 Date 10/07/2019	5 Payee name United Way Corpus	
6 Amount \$100.00	7 Payee address; City: State: Zip Code 4598 S Staples St Corpus Christi, TX 78411-2604	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED