# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

3 CANDIDATE/ OFFICEHOLDER NAME  NICKNAME  LAST  Canales  4 CANDIDATE/ OFFICEHOLDER ADDRESS  ADDRESS /PO BOX: APT/SUITE # CITY STATE: ZIP CODE OFFICEHOLDER ADDRESS  Change of Address  5 CANDIDATE/ OFFICEHOLDER PHONE  AREA CODE PHONE NUMBER  EXTENSION  Receipt #  Suffix  Date Hand-delivered or Journal of the phone of Address  Receipt #  Suffix  AREA CODE PHONE NUMBER  EXTENSION  Receipt #	5 REC'D  LECES COUNTY, TEXAS  DEPUTY			
NAME  NICKNAME  LAST  Canales  Canales  4 CANDIDATE/ OFFICEHOLDER ADDRESS  Change of Address  5 CANDIDATE/ OFFICEHOLDER PHONE  AREA CODE PHONE NUMBER  EXTENSION  Receipt #  Canales  Corpus Christi  TX  TRA01  Date Hand-delivered or an experiment of the control of the control of the control of the canales  Ca	LECES COUNTY, TEXAS DEPUTY Date Postmarked			
Canales  4 CANDIDATE/ OFFICEHOLDER ADDRESS  401 N Tancahua  Corpus Christi TX  Corpus Chr	LECES COUNTY, TEXAS DEPUTY Date Postmarked			
4 CANDIDATE/ OFFICEHOLDER ADDRESS /PO BOX: APT/SUITE # CITY STATE: ZIP CODE  VERK POLITY OFFICE  ADDRESS /PO BOX: APT/SUITE # CITY STATE: ZIP CODE  ANDRESS /PO BOX: APT/SUITE # CITY STATE: ZIP CODE  OFFICEHOLDER ADDRESS /PO BOX: APT/SUITE # CITY STATE: ZIP CODE  OFFICEHOLDER ADDRESS /PO BOX: APT/SUITE # CITY STATE: ZIP CODE  OFFICEHOLDER ADDRESS /PO BOX: APT/SUITE # CITY STATE: ZIP CODE  OFFICEHOLDER ADDRESS /PO BOX: APT/SUITE # CITY STATE: ZIP CODE  OFFICEHOLDER ADDRESS /PO BOX: APT/SUITE # CITY STATE: ZIP CODE  OFFICEHOLDER ADDRESS /PO BOX: APT/SUITE # CITY STATE: ZIP CODE  OFFICEHOLDER ADDRESS /PO BOX: APT/SUITE # CITY STATE: ZIP CODE  OFFICEHOLDER OFFICHOLDER OFFICEHOLDER OFFICEHOLDER OFFICEHOLDER OFFICEHOLDER OFFICHOLDER OFFICHOLDE	DEPUTY DEPUTY Date Postmarked			
OFFICEHOLDER ADDRESS  Change of Address  CANDIDATE/ OFFICEHOLDER PHONE NUMBER EXTENSION  Receipt #  CARCIDATE/ OFFICEHOLDER PHONE PHONE  Receipt #	Date Postmarked			
5 CANDIDATE/ OFFICEHOLDER PHONE  AREA CODE PHONE NUMBER EXTENSION Receipt #	Amount \$			
OFFICEHOLDER PHONE (210) 633-7360	Amount \$			
PHONE				
6 CAMPAIGN MS/MRS/MR FIRST MI Date Processed				
TREASURER Scott NAME Date Imaged				
NICKNAME LAST SUFFIX				
Humpel				
7 CAMPAIGN STREET ADDRESS: APT/SUITE # CITY STATE: ZIP CODE				
TREASURER ADDRESS (Residence or Business)  401 N Tancahua Corpus Christi TX 78401				
8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION				
TREASURER (210) 633-7369 PHONE				
	campaign tresurer			
	ttach- COH-FR)			
10 PERIOD Month Day Year Month Day Year				
COVERED 07/01/2019 THROUGH 12/31/2019				
11 ELECTION DATE  Month Day Year  03/03/2022    Comparison of the				
12 OFFICE  OFFICE HELD (if any)  13 OFFICE SOUGHT (if known) Other Office: Nueces County Ju				
GO TO PAGE 2  Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 9/8/2015				

# 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'S OR OFFICEHOL KNOWLEDGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS			
	Đ	CONTINUE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN , OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$0.00		
	2 TOTAL POLITICAL (OTHER THAN PLE	CONTRIBUTIONS EDGES, 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 OF REPORTING PI	CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ERIOD	\$47,461.72		
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD	\$0.00		
<b>(</b> (\(\tau\))	MANITA M CANSECO  ID# 671816-2 Notary Public STATE OF TEXAS Comm. Exp. 06-09-2020	I swear, or affirm, under penalty of pe is true and correct and includes all inf me under Title 15. Election Code.			
AFFIX NOTARY S	TAMP / SEAL ABOVE	Signature of Candi	date or Officeholder		
	ibed before me, by the said	SHOWIN CHIOTICS	, this the		
15th day of	1AN 20 20	to certify which, witness my hand and seal of office.	A		
Romanuta Signature of officer adm	m. Cause coninistering oath Pri	Romanita Canseco No inted name of officer administering oath Title	tary Public of officer administering oath		

## **SUBTOTALS - COH**

## FORM C/OH COVER SHEET PG 3

19.	FILER NAME Barbara Canales	20. FILER ID (E	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 CONTRIBU	\$19,019.25	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$0.00	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTR	\$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 BUSI	\$0.00	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTR	\$0.00	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS AND CONTRIBUTIONS R TO FILER	ETURNED	\$0.00

# SCHEDULE A1

The Instruction Guide explains how to complete this form.				Total pages Schedule A1:     not available	
2. FILER NAME Barbara Canales	3			3. Filer ID (Ethics Commission File	ers)
4. Date	5. Full name of contributor out-	of-state PAC		7. Amount of contribution (\$)	
11/21/2019	Antonio Abarca				\$200.00
	6. Contributor address; City;	State; Z	ZIP Code		
	6930 Pharaoh Dr Corpus Christi, TX 7841	2-3808			
8. Principal occup	pation / Job title (See Instructions)		9 Employ Se	ver (See Instructions)	
4. Date	Full name of contributor     Out-	of-state PAC		7. Amount of contribution (\$)	
08/01/2019	Douglas Allison				\$500.00
	6. Contributor address; City;	State; Z	ZIP Code		
	403 N Tancahua St Corpus Christi, TX 784	101-2736			
8. Principal occup	pation / Job title (See Instructions)			ver (See Instructions)	
Attorney			se	lf employed	
4. Date	5. Full name of contributorout-	of-state PAC		7. Amount of contribution (\$)	
11/21/2019	Lynn Allison				\$100.00
	6. Contributor address; City;	State; Z	ZIP Code		
	410 Miramar Pl Corpus Christi, TX 78411-	-1527			
Principal occup     Self employe	pation / Job title (See Instructions)			ver (See Instructions)	
4. Date	Full name of contributor     Out-	of-state PAC		7. Amount of contribution (\$)	
11/21/2019	Austin Anderson				\$500.00
	6. Contributor address; City;	State; Z	ZIP Code		
	PO Box 2682 Corpus Christi, TX 78403-20	582			
production of the second secon	pation / Job title (See Instructions)		9 Employ	rer (See Instructions)	
Construction				G CM	
4. Date	5. Full name of contributorout-o	of-state PAC		7. Amount of contribution (\$)	
12/31/2019	Marshall Anderson				\$5.00
	6. Contributor address; City;	State; Z	IP Code		
	PO Box 1355 P.O. Box 1355 Corpus Chris	ti, TX 78403-13	355		
and a supplied that is	pation / Job title (See Instructions)			er (See Instructions)	
Retired			Re	etired	

# SCHEDULE A1

The Instruction Guide explains how to complete this form.			Total pages Schedule A1:     not available
2. FILER NAME Barbara Canales			3. Filer ID (Ethics Commission Filers)
4. Date	Full name of contributorout-of-state PAC		7. Amount of contribution (\$)
11/21/2019	Margaret Banales		\$50.00
	6. Contributor address; City; State;	ZIP Code	
	3134 Seven Trees Dr Corpus Christi, TX 78410-2422		
8. Principal occup Self Employe	pation / Job title (See Instructions)		ver (See Instructions)
4. Date	Full name of contributorout-of-state PAC		7. Amount of contribution (\$)
11/21/2019	Margarita Banales		\$50.00
	6. Contributor address; City; State;	ZIP Code	
	10309 Sir Nickolas Dr Corpus Christi, TX 78410-2216		
8. Principal occup Self employe	pation / Job title (See Instructions)		ver (See Instructions)
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)
11/21/2019	David Bartlett		\$50.00
	6. Contributor address; City; State;	ZIP Code	
	701 Naples St Corpus Christi, TX 78404-2913		
8. Principal occup Retired	pation / Job title (See Instructions)	1020	ver (See Instructions)
4. Date	Full name of contributorout-of-state PAC		7. Amount of contribution (\$)
11/21/2019	Murray Bass III		\$200.00
	6. Contributor address; City; State;	ZIP Code	
	210 Carancahua Ste 400 Corpus Christi, TX 78401		
P companies com	pation / Job title (See Instructions)		er (See Instructions)
Self employe	Full name of contributor  out-of-state PAC		7. Amount of contribution (\$)
11/21/2019	John Bell		The second second
11/21/2019	6. Contributor address; City; State;	ZIP Code	\$500.00
	13750 Primavera Dr Corpus Christi, TX 78418-6039	211 0000	
8 Principal occur	pation / Job title (See Instructions)	9 Employ	er (See Instructions)
Attorney	salion, sob tillo (occ mattactions)	Se	•

## SCHEDULE A1

The Instruction Guide explains how to complete this form.				Total pages Schedule A1:     not available	
FILER NAME     Barbara Canales	S			3. Filer ID (Ethics Commission Fi	lers)
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
11/21/2019	Lauren Bell				\$1,000.00
	6. Contributor address;	City; State;	ZIP Code		7,7
	404 12th St Galveston, TX 77550-26	03			
Principal occup     Self employe	pation / Job title (See Instructions)			ver (See Instructions)	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
11/21/2019	Max Bennett				\$100.00
	6. Contributor address;	City; State;	ZIP Code		
	PO Box 2678 Weatherford, TX 7608	6-8678			
8. Principal occup Attorney	pation / Job title (See Instructions)		9 Employ Se	ver (See Instructions)	
4. Date	Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
11/20/2019	Bonnie Berry				\$5,000.00
	Contributor address;	City; State;	ZIP Code		
	4550 River Park Dr Corpus Christi, T	X 78410-5671			
Principal occup     Administrator	pation / Job title (See Instructions)			ver (See Instructions)	
4. Date	Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
11/21/2019	Courtney Berry				\$5,000.00
	<ol><li>Contributor address;</li></ol>	City; State;	ZIP Code		
	2757 Ocean Dr Corpus Christi, TX 78	8404-1741			
	pation / Job title (See Instructions)			er (See Instructions)	
Self employee  4. Date	5. Full name of contributor	7		7. Amount of contribution (\$)	
11/21/2019	M.L. Berry	out-of-state PAC		7. Amount of contribution (\$)	
11/21/2019	and the second s	City: State:	ZID Codo		\$1,000.00
		City; State;	ZIP Code		
0. D	9646 Paula Dr Corpus Christi, TX 78	410-152/	0.5	(O lt	
<ol> <li>Principal occup</li> <li>Self employed</li> </ol>	pation / Job title (See Instructions)			er (See Instructions) If employed	
1 7				1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	

### SCHEDULE A1

The Instruction Guide explains how to complete this form.			Total pages Schedule A1:     not available		
2. FILER NAME Barbara Canales	5.			3. Filer ID (Ethics Commission Filers	3)
4. Date	5. Full name of contributor out-of-st	ate PAC		7. Amount of contribution (\$)	
11/21/2019	Deven Bhakta				\$500.00
	6. Contributor address; City;	State;	ZIP Code		
	5213 Oakhurst Dr Corpus Christi, TX 78411-4	1369			
Principal occu     Owner	pation / Job title (See Instructions)		,	yer (See Instructions) JZ Hospitality Inc	
4. Date	5. Full name of contributorout-of-st	ate PAC		7. Amount of contribution (\$)	
11/21/2019	John R Blocker Jr				\$500.00
	6. Contributor address; City;	State;	ZIP Code		
	5452 Longmont Dr Houston, TX 77056-2341				
8. Principal occur Oil & Gas In	pation / Job title (See Instructions) vestor		0.00	ver (See Instructions)	
4. Date	Full name of contributorout-of-st	ate PAC		7. Amount of contribution (\$)	
11/21/2019	Osbert Blow MD				\$500.00
	6. Contributor address; City;	State;	ZIP Code		
	4000 Surfside Blvd Apt 401 Corpus Christi, T	X 78402-14	125		
Principal occup     Physician	pation / Job title (See Instructions)			ver (See Instructions)	
4. Date	Full name of contributorout-of-sta	ate PAC		7. Amount of contribution (\$)	
11/21/2019	Ruben Bonilla Jr			\$1	,000.00
	6. Contributor address; City;	State;	ZIP Code		
	PO Box 5080 Corpus Christi, TX 78465-5080				
	pation / Job title (See Instructions)			ver (See Instructions)	
Owner	5.5.11		Ri	uben Bonilla Insurance - Farmers Group	
4. Date	5. Full name of contributorout-of-sta	ate PAC		7. Amount of contribution (\$)	
11/12/2019	Richard Borchard				\$500.00
	6. Contributor address; City;	State;	ZIP Code		
	481 Meyer Rd Westhoff, TX 77994-4133				
	pation / Job title (See Instructions)			er (See Instructions)	
Client relation	18		Li	nebarger Law Firm	

## SCHEDULE A1

The Instruction Guide explains how to complete this form.			Total pages Schedule A1:     not available		
FILER NAME     Barbara Canale	s			3. Filer ID (Ethics Commission F	Filers)
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
11/21/2019	T Hardie Bowman				\$250.00
	6. Contributor address;	City; State;	ZIP Code		
	460 Del Mar Blvd Corpus Christi,	ГХ 78404-1934			
8. Principal occu CPA	pation / Job title (See Instructions)	)		ver (See Instructions) owman & Associates CPA	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
12/10/2019	Robert Browning				\$100.00
	6. Contributor address;	City; State;	ZIP Code		
	4902 Cherry Hills Dr Corpus Chris	ti, TX 78413-2735			
Principal occu     Retired	pation / Job title (See Instructions)	)		ver (See Instructions) etired	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
11/21/2019	Ernie Buck				\$250.00
	6. Contributor address;	City; State;	ZIP Code		
	823 S Water St 4 B Corpus Christi,	TX 78401-3568			
8. Principal occu Self	pation / Job title (See Instructions)	)	9 Employ Se	ver (See Instructions)	
4. Date	Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
11/21/2019	Julian Camacho				\$100.00
	6. Contributor address;	City; State;	ZIP Code		
	3655 Shoreline Dr Corpus Christi,	TX 78411			
	pation / Job title (See Instructions)			ver (See Instructions)	
Manager	5. Full name of contributor		Ca	amacho Demo	MANUSCO SONO SONO SONO SONO SONO SONO SONO S
4. Date		out-of-state PAC		7. Amount of contribution (\$)	
12/13/2019	Gus T Canales	0.1	710.0		\$2,500.00
	6. Contributor address;	City; State;	ZIP Code		
	PO Box 650 Premont, TX 78375-06				
<ol> <li>Principal occu Investments</li> </ol>	pation / Job title (See Instructions)	<u> </u>		ver (See Instructions)	

## SCHEDULE A1

FILER NAME     Barbara Canales     Siler ID (Ethics Commission Filers)	
Darbara Canales	
4. Date 5. Full name of contributorout-of-state PAC 7. Amount of contribution (\$)	
11/21/2019 Rachel Canales \$500.00	
6. Contributor address; City; State; ZIP Code	
1374 Sandpiper Dr Corpus Christi, TX 78412-3818	
8. Principal occupation / Job title (See Instructions)  Self employed  9 Employer (See Instructions)  Self employed	
4. Date 5. Full name of contributorout-of-state PAC 7. Amount of contribution (\$)	
11/21/2019 Capitol Strategy Associates LLC \$1,000.00	
6. Contributor address; City; State; ZIP Code	
800 N Shoreline Blvd Ste 1010 Corpus Christi, TX 78401-3700	
8. Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)	
4. Date 5. Full name of contributorout-of-state PAC 7. Amount of contribution (\$)	
11/21/2019 Tom Carlisle \$3,000.00	
6. Contributor address; City; State; ZIP Code	
500 N Water St Ste 900 Corpus Christi, TX 78401-0234	
8. Principal occupation / Job title (See Instructions)  Owner  9 Employer (See Instructions)  Carlisle Insurance	
4. Date 5. Full name of contributor	
11/21/2019 Maria Elena Cavazos \$50.00	
6. Contributor address; City; State; ZIP Code	
5425 Whitemarsh Dr Corpus Christi, TX 78413-3827	
8. Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)	
Retired Retired  4. Date 5. Full name of contributor out-of-state PAC 7. Amount of contribution (\$)	
4. Date   5. Full name of contributor	
\$500.00	
8 Principal acquination / Job title (See Instructions)	
8. Principal occupation / Job title (See Instructions) Attorney  9 Employer (See Instructions) Linebarger Goggan Blair & Sampson, LLP	

# SCHEDULE A1

The Instruction Guide explains how to complete this form.				Total pages Schedule A1:     not available	
FILER NAME     Barbara Canales	3			3. Filer ID (Ethics Commission Fi	ilers)
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
11/21/2019	Elizabeth Chu Richter				\$500.00
	6. Contributor address;	City; State;	ZIP Code		
	1386 Sandpiper Dr Corpus Christ	i, TX 78412-3818			
8. Principal occup Self employe	pation / Job title (See Instructions	s)		/er (See Instructions)	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
12/10/2019	Eddy Cisneros				\$300.00
	6. Contributor address;	City; State;	ZIP Code		
	6302 Saint Andrews Dr Corpus C	hristi, TX 78413-282	t		
The second secon	pation / Job title (See Instruction	s)		ver (See Instructions)	
Self Employe			Se	elf Employed	
4. Date	Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
11/21/2019	Rosie Collin				\$100.00
	6. Contributor address;	City; State;	ZIP Code		
	7821 Etienne Dr Corpus Christi, 7	X 78414-6011			
8. Principal occup Port of CC	pation / Job title (See Instructions	s)		ver (See Instructions) ort of CC	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
12/13/2019	Sarah Cook				\$100.00
	6. Contributor address;	City; State;	ZIP Code		
	629 Catalina Pl Corpus Christi, T	X 78411-2303			
Principal occup     Self employer	pation / Job title (See Instructions	s)		ver (See Instructions)	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
11/21/2019	Melody Cooper				\$50.00
	6. Contributor address;	City; State;	ZIP Code		
	3765 S Alameda St Ste 322 Corpu	s Christi, TX 78411-1	1673		
Principal occup     Attorney	pation / Job title (See Instructions	5)	9 Employ Se	rer (See Instructions)	

# SCHEDULE A1

The In	struction Guide explains how	to complete this form	n.	Total pages Schedule A1:     not available	
FILER NAME     Barbara Canale	s			3. Filer ID (Ethics Commission Filers)	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
11/21/2019	Romulo Corrada MD			\$300.	.00
	6. Contributor address;	City; State;	ZIP Code	-	17.3
	PO Box 8848 Corpus Christi, TX	78468-8848			
Principal occu     Physician	pation / Job title (See Instruction	s)		ver (See Instructions)	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
11/21/2019	Claude D'Unger			\$500.	.00
	6. Contributor address;	City; State;	ZIP Code	-	
	201 Del Mar Blvd 201 Del Mar B	lvd Corpus Christi, TX	78404-1826		
8. Principal occu Environment	pation / Job title (See Instruction tal Scientist	s)	N	ver (See Instructions)	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
11/21/2019	Daniel Dain			\$1,000.	.00
	Contributor address;	City; State;	ZIP Code		
	4759 Ocean Dr Corpus Christi, T.	X 78412-2675			
Principal occu     Self employe	pation / Job title (See Instruction	s)		er (See Instructions)	
4. Date	Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
11/20/2019	Al Dodds			\$300.	.00
	6. Contributor address;	City; State;	ZIP Code		
	514 Hangar Ln 514 Hangar Lane	Corpus Christi, TX 784	06-1821		
THE PART OF SECURE OF THE PARTY	pation / Job title (See Instruction	s)	1	er (See Instructions)	
Aircraft Man	5. Full name of contributor			olf Employed	
4. Date		out-of-state PAC		7. Amount of contribution (\$)	
11/24/2019	Patricia Eisenhauer		715.0	\$100.	00
	6. Contributor address;	• •	ZIP Code		
	14493 S Padre Island Dr Ste A Co		-5939		
<ol><li>Principal occu INSURANC</li></ol>	pation / Job title (See Instructions	s)		er (See Instructions) ETIRED	
mount					

# SCHEDULE A1

The Instruction Guide explains how to complete this form.			Total pages Schedule A1:     not available	
FILER NAME     Barbara Canale	s		3. Filer ID (Ethics Commission F	filers)
4. Date	5. Full name of contributorout-of-state PA	С	7. Amount of contribution (\$)	
11/21/2019	Scott Elliff			\$50.00
	6. Contributor address; City; Stat	e; ZIP Code		
	929 Driftwood Pl Corpus Christi, TX 78411-2225			
Principal occu     Retired	pation / Job title (See Instructions)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	oyer (See Instructions) Retired	
4. Date	Full name of contributorout-of-state PA	c	7. Amount of contribution (\$)	
11/21/2019	Laura Estrada			\$30.00
	6. Contributor address; City; Stat	e; ZIP Code		
	434 Pennington Dr Corpus Christi, TX 78412-2349			
Principal occu     Self employe	pation / Job title (See Instructions)	- A	over (See Instructions) Self employed	
4. Date	Full name of contributorout-of-state PA	c	7. Amount of contribution (\$)	
11/21/2019	Moses Estrada			\$50.00
	6. Contributor address; City; Stat	e; ZIP Code		
	4805 Fm 1889 Robstown, TX 78380-5802			
Principal occu     Retired	pation / Job title (See Instructions)		yer (See Instructions) Retired	
4. Date	Full name of contributorout-of-state PA	c	7. Amount of contribution (\$)	
12/13/2019	Dale Eubank			\$200.00
	6. Contributor address; City; Stat	e; ZIP Code		
	23 E Bar Le Doc Dr Corpus Christi, TX 78414-6150	5		
	pation / Job title (See Instructions)		yer (See Instructions)	
Physician 4 Deta	5. Full name of contributor		elf employed	
4. Date	out-or-state FA	o	7. Amount of contribution (\$)	
11/21/2019	Scott Fagan	710.0		\$500.00
	6. Contributor address; City; Stat			
	802 N. Carranchua Ste 1655 Corpus Christi, TX 784			
<ol> <li>Principal occul         Owner     </li> </ol>	pation / Job title (See Instructions)	100	yer (See Instructions) cott Fagan Investments	

# SCHEDULE A1

The Ins	struction Guide explains how to	complete this for	m.	Total pages Schedule A1:     not available	
2. FILER NAME Barbara Canales	;			3. Filer ID (Ethics Commission Filers)	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
11/21/2019	Sandra and Matt Ficenec			\$300.00	
	6. Contributor address;	City; State;	ZIP Code	*	
	341 Claremore St Corpus Christi, T	X 78412-2718			
8. Principal occur Self	pation / Job title (See Instructions)			yer (See Instructions)	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
11/21/2019	George Finley III			\$2,500.00	
	6. Contributor address;	City; State;	ZIP Code	1	
	3360 Ocean Dr Corpus Christi, TX	78411-1457			
San 1.54	pation / Job title (See Instructions)		, ,	ver (See Instructions)	
Investor	E Full name of contributor	_	Se	elf Employed	_
4. Date	Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
11/21/2019	Blanche Garcia			\$100.00	
	<ol><li>Contributor address;</li></ol>	City; State;	ZIP Code		
	32 Townhouse Ln Corpus Christi, 7	TX 78412-4266			
Principal occup     Retired	pation / Job title (See Instructions)			ver (See Instructions) etired	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	SING
12/10/2019	Ernest Garza			\$1,000.00	
	<ol><li>Contributor address;</li></ol>	City; State;	ZIP Code		
	10201 Leopard St Corpus Christi, T	X 78410-1923			
Salaria de lacación de la companión de la comp	pation / Job title (See Instructions)	III		ver (See Instructions)	
Self			Se	elf	_
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
11/21/2019	Rudy Garza			\$200.00	
	<ol><li>Contributor address;</li></ol>	City; State;	ZIP Code		
	901 N Upper Broadway St Apt 204	Corpus Christi, TX	78401-3572		
8. Principal occup Self employe	pation / Job title (See Instructions)			ver (See Instructions)	

## SCHEDULE A1

The Instruction Guide explains how to complete this form.				Total pages Schedule A1:     not available	
FILER NAME     Barbara Canales	3			3. Filer ID (Ethics Commission Filers	;)
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
11/21/2019	Conni Geary				\$250.00
	6. Contributor address;	City; State;	ZIP Code		
	5472 Nesting Pl Robstown, TX 78	3380-2033			
Principal occup     Self	pation / Job title (See Instructions	s)		yer (See Instructions)	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
11/21/2019	Gignac & Associates LLP			\$1	,000.00
	6. Contributor address;	City; State;	ZIP Code		
	416 Starr St Corpus Christi, TX 78	3401-2343			
8. Principal occup	pation / Job title (See Instructions	5)	9 Employ	ver (See Instructions)	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
11/18/2019	Mary Gleason				\$12.00
	6. Contributor address;	City; State;	ZIP Code		
	301 Catalina Pl Corpus Christi, TX	X 78411-1601			
Principal occup     Retired	pation / Job title (See Instructions	3)		ver (See Instructions) etired	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
11/21/2019	Michael Guerra			:	\$200.00
	<ol><li>Contributor address;</li></ol>	City; State;	ZIP Code		
	PO Box 1968 Alice, TX 78333-19	68			
- A 100 P	pation / Job title (See Instructions	3)	9 Employ Se	ver (See Instructions)	
Attorney 4. Date	Full name of contributor	out-of-state PAC	30	7. Amount of contribution (\$)	
11/20/2019	Laura Gwaltney				2220 00
	Contributor address;	City; State;	ZIP Code		\$500.00
	5866 S Staples St Ste 403 Corpus	- Andrews - Angeles - Ange			
8 Principal occur	pation / Job title (See Instructions			rer (See Instructions)	
Insurance Con		<b>'</b>		alker & Associates	

# SCHEDULE A1

The Ins	truction Guide explains how to complete this f	Total pages Schedule A1:     not available		
FILER NAME     Barbara Canales			3. Filer ID (Ethics Commission Filers)	
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
11/22/2019	Gloria Hicks		\$1,000.00	
	6. Contributor address; City; State;	ZIP Code		
	3102 S Padre Island Dr Corpus Christi, TX 78415-18	16		
Principal occup     Accountant	pation / Job title (See Instructions)	1 0 0	ver (See Instructions) I Hicks Imports	
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
11/21/2019	Rosie Hicks		\$50.00	
	6. Contributor address; City; State;	ZIP Code		
	5313 River Oaks Dr Corpus Christi, TX 78413-2807			
Principal occup     Self employed	pation / Job title (See Instructions)	U NET ZUIVOUNIAGONOUS.	ver (See Instructions)	
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
11/19/2019	BOB & CATHERINE HILLIARD		\$5,000.00	
	6. Contributor address; City; State;	ZIP Code		
	3655 Aransas St Corpus Christi, TX 78411-1303			
Principal occup     Attorney	pation / Job title (See Instructions)	1	er (See Instructions) Illiard Martinez Gonzales	
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
11/21/2019	Juan Huerta		\$50.00	
	6. Contributor address; City; State;	ZIP Code		
	446 Pennington Dr Corpus Christi, TX 78412-2349			
Principal occup     Educator	pation / Job title (See Instructions)	8 .5	er (See Instructions) &M-Corpus Christi	
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
11/21/2019	Michael Hummell		\$50.00	
	6. Contributor address; City; State;	ZIP Code		
	44 Lake Shore Dr Corpus Christi, TX 78413-2634			
8. Principal occup Self	eation / Job title (See Instructions)	9 Employ Se	er (See Instructions) If	

## SCHEDULE A1

The Ins	truction Guide explains how to complete this for	Total pages Schedule A1:     not available		
FILER NAME     Barbara Canales			3. Filer ID (Ethics Commission Fi	lers)
4. Date	5. Full name of contributorout-of-state PAC _		7. Amount of contribution (\$)	
11/21/2019	Jerry Hunsaker MD	Section 10 William		\$500.00
	6. Contributor address; City; State;	ZIP Code		
	4707 Everhart Rd No. 106 Corpus Christi, TX 78411-27	736		
8. Principal occup	pation / Job title (See Instructions)		ver (See Instructions)	
Physician		Se		
4. Date	Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
11/21/2019	Michael Hurst			\$500.00
	6. Contributor address; City; State;	ZIP Code		
	13822 Suntan Ave Corpus Christi, TX 78418-6053			
	pation / Job title (See Instructions)		ver (See Instructions)	
Self employed		Se	elf employed	
4. Date	5. Full name of contributorout-of-state PAC _		7. Amount of contribution (\$)	
11/21/2019	Phil Hurst			\$500.00
	6. Contributor address; City; State;	ZIP Code		
	5401 Adair Dr Corpus Christi, TX 78413-2256			
	pation / Job title (See Instructions)		ver (See Instructions)	
Self employed		Se	elf employed	
4. Date	5. Full name of contributorout-of-state PAC	<u> </u>	7. Amount of contribution (\$)	
11/21/2019	Rumaldo Juarez			\$100.00
	6. Contributor address; City; State;	ZIP Code		
	15261 Pecos River Dr Corpus Christi, TX 78410-5719			
	pation / Job title (See Instructions)		ver (See Instructions)	
Retired			etired	
4. Date	5. Full name of contributorout-of-state PAC _		7. Amount of contribution (\$)	
11/21/2019	James Klein			\$50.00
	6. Contributor address; City; State;	ZIP Code		
	3501 Monterrey St Corpus Christi, TX 78411-1709			
8. Principal occup	eation / Job title (See Instructions)	The second secon	er (See Instructions)	
Faculty		De	el Mar College	

## SCHEDULE A1

The Ins	struction Guide explains how to complete this form	n.	Total pages Schedule A1:     not available	
2. FILER NAME Barbara Canales	3		3. Filer ID (Ethics Commission	Filers)
4. Date	Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
11/21/2019	William Liles			\$100.00
	6. Contributor address; City; State;	ZIP Code		
	13829 Eaglesnest Bay Dr Corpus Christi, TX 78418-6302	2		
8. Principal occu President	pation / Job title (See Instructions)		yer (See Instructions) arnacle Bill's Sail Loft	
4. Date	Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
11/21/2019	Linebarger Goggan Blair & Sampson LLP			\$2,500.00
	6. Contributor address; City; State;	ZIP Code		
	PO Box 17428 Austin, TX 78760-7428			
8. Principal occu	pation / Job title (See Instructions)	9 Employ	ver (See Instructions)	
4. Date	Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
12/13/2019	Alfredo Longoria			\$100.00
	6. Contributor address; City; State;	ZIP Code		
	4205 Aaron Cv Corpus Christi, TX 78413-4444			
Principal occur     Reitred	pation / Job title (See Instructions)		yer (See Instructions) etired	
4. Date	Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
11/21/2019	Samuel Longoria			\$50.00
	6. Contributor address; City; State;	ZIP Code		
	8237 Garner Dr Corpus Christi, TX 78414-4408			
	pation / Job title (See Instructions)		/er (See Instructions)	
Banker 4. Date	5. Full name of contributor	Ai	merican Bank  7. Amount of contribution (\$)	
11/21/2019	Judith Loverde		7. Amount of contribution (\$)	
11/21/2019	THE CORP MANUAL COST WANTE TO SEE A STATE OF THE CORP	ZIP Code		\$50.00
	And the second s	ZIP Code		
O. Drinning Co.	909 Driftwood Pl Corpus Christi, TX 78411-2225	O Emple	var (Can Instructions)	
Retired	pation / Job title (See Instructions)	1 2	ver (See Instructions) etired	

## SCHEDULE A1

The Instruction Guide explains how to complete this form.			Total pages Schedule A1:     not available
FILER NAME     Barbara Canales	3		3. Filer ID (Ethics Commission Filers)
4. Date	Full name of contributorout-of-state PAC		7. Amount of contribution (\$)
11/21/2019	John Martinez		\$250.00
	6. Contributor address; City; State; Z	IP Code	2
	310 Bayshore Dr Corpus Christi, TX 78412-2608		
8. Principal occup Attorney	pation / Job title (See Instructions)	9 Employ Se	ver (See Instructions)
4. Date	Full name of contributorout-of-state PAC		7. Amount of contribution (\$)
11/21/2019	Betty McCaskill		\$20.00
	6. Contributor address; City; State; Z	IP Code	
	1026 Barracuda Pl Corpus Christi, TX 78411-2102		
l and all and the	pation / Job title (See Instructions)		ver (See Instructions)
Self employe			elf employed
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)
11/11/2019	Patrick McDonald		\$10.00
	6. Contributor address; City; State; Z	IP Code	
	6814 E Riverside Dr Unit 42 Austin, TX 78741-6670		
Principal occup     Consultant	pation / Job title (See Instructions)	9 Employ Se	er (See Instructions)
4. Date	Full name of contributorout-of-state PAC		7. Amount of contribution (\$)
11/21/2019	James McKibben		\$1,000.00
	6. Contributor address; City; State; Z	IP Code	
	555 N Carancahua St Ste 1100 Corpus Christi, TX 78401-0	841	
8. Principal occur	pation / Job title (See Instructions)	9 Employ	er (See Instructions)
Attorney		Me	cKibben Woolsey & Villarreal
4. Date	Full name of contributorout-of-state PAC		7. Amount of contribution (\$)
11/19/2019	Vic Medina		\$50.00
	6. Contributor address; City; State; Z	P Code	
	1802 Brazos Dr Corpus Christi, TX 78412-5008		
The same of the same of	pation / Job title (See Instructions)		er (See Instructions)
Business Dev	elopment	Da	awson Recycling & Disposal

## SCHEDULE A1

The Instruction Guide explains how to complete this form.			Total pages Schedule A1:     not available	
FILER NAME     Barbara Canales	3		3. Filer ID (Ethics Commission File	ers)
4. Date	Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
11/21/2019	John Michael			\$500.00
	6. Contributor address; City; State;	ZIP Code		
	3117 Seafoam Dr Corpus Christi, TX 78418-3912			
8. Principal occup Engineer	pation / Job title (See Instructions)		/er (See Instructions) aismith Engineering	
4. Date	Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
11/21/2019	John Michael			\$500.00
	6. Contributor address; City; State;	ZIP Code		
	3117 Seafoam Dr Corpus Christi, TX 78418-3912			
	pation / Job title (See Instructions)	1	ver (See Instructions)	***************************************
Sr VP	E Full course of contributes	Н	anson Services	
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
12/13/2019	Becky Moeller			\$50.00
	6. Contributor address; City; State;	ZIP Code		
	7217 Sparkle Sea Dr Apt EE Corpus Christi, TX 78412-5	166		
Principal occup     Retired	pation / Job title (See Instructions)	*	ver (See Instructions)	
4. Date	Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
11/19/2019	Michelle Moffitt			\$100.00
	6. Contributor address; City; State; 2	ZIP Code		
	134 Louisiana Ave Corpus Christi, TX 78404-1702			
	pation / Job title (See Instructions)		ver (See Instructions)	
Cert Prof. La		Se	elf Employed	
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
11/21/2019	D.R. Myers			\$2,500.00
	6. Contributor address; City; State; 2	ZIP Code		
	6407 Teamwork Trl Corpus Christi, TX 78417-3453			
	pation / Job title (See Instructions)	100	rer (See Instructions)	
Owner		Co	oastal Vortex	

### SCHEDULE A1

The Ins	struction Guide explains how to complete this for	m.	Total pages Schedule A1:     not available
FILER NAME     Barbara Canales	3		3. Filer ID (Ethics Commission Filers)
4. Date	Full name of contributorout-of-state PAC		7. Amount of contribution (\$)
11/21/2019	Rose Navalta		\$100.00
	6. Contributor address; City; State;	ZIP Code	,
	5525 Wooldridge Rd Corpus Christi, TX 78413-3838		
Principal occup     Realtor	pation / Job title (See Instructions)		ver (See Instructions) letro Properties
4. Date	Full name of contributorout-of-state PAC		7. Amount of contribution (\$)
11/21/2019	Vera Nolen		\$100.00
	6. Contributor address; City; State;	ZIP Code	
	617 Dolphin Pl Corpus Christi, TX 78411-2215		
The state of the s	pation / Job title (See Instructions)	1852:	ver (See Instructions)
Retired 4. Date	Full name of contributor  out-of-state PAC	K	7. Amount of contribution (\$)
11/21/2019	Armando Oropez		
11/21/2017	6. Contributor address; City; State;	ZIP Code	\$50.00
		Zii Code	
O. Driverinal season	1526 S 19th St Corpus Christi, TX 78404-3439	O Employ	(Cool Instructions)
Self employe	pation / Job title (See Instructions) d		ver (See Instructions)
4. Date	Full name of contributorout-of-state PAC		7. Amount of contribution (\$)
11/21/2019	Ruby Payne		\$250.00
	6. Contributor address; City; State;	ZIP Code	·
	460 Del Mar Blvd Corpus Christi, TX 78404-1934		
	pation / Job title (See Instructions)		ver (See Instructions)
Self employe			elf employed
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)
11/21/2019	PRI Whitehall LLC		\$500.00
	6. Contributor address; City; State;	ZIP Code	
	PO Box 60267 Corpus Christi, TX 78466-0267		
8. Principal occup	pation / Job title (See Instructions)	9 Employ	er (See Instructions)

# SCHEDULE A1

The Instruction Guide explains how to complete this form.			Total pages Schedule A1:     not available		
FILER NAME     Barbara Canales	3			3. Filer ID (Ethics Commission Filers)	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
11/21/2019	Herman Rodriguez			\$100.0	0
	Contributor address;	City; State;	ZIP Code		
	3714 Perfection Lake Ave Robstow	n, TX 78380-6134			
Principal occup     Self employe	pation / Job title (See Instructions)			ver (See Instructions)	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
11/21/2019	Martha Rosen		ASS (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	\$50.0	0
	Contributor address;	City; State;	ZIP Code		
	301 Jackson Pl Corpus Christi, TX	78411-1619			
Principal occup     Sales	pation / Job title (See Instructions)			ver (See Instructions)	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
11/21/2019	Don Schauer			\$250.0	0
	Contributor address;	City; State;	ZIP Code		
	1 Hewit Dr Corpus Christi, TX 7840	04-1609			
Principal occup     Self	pation / Job title (See Instructions)			ver (See Instructions) ttorney	
4. Date	Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
12/13/2019	Bernard Seger			\$100.0	0
	<ol><li>Contributor address;</li></ol>	City; State;	ZIP Code		
	1602 Glenoak Dr Corpus Christi, TX	X 78418-8919			
8. Principal occur	pation / Job title (See Instructions)		100000000000000000000000000000000000000	ver (See Instructions)	
Surgeon			Sc	outh Texas Bone and Joint	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
11/21/2019	Laura Shamsie			\$40.0	0
	<ol><li>Contributor address;</li></ol>	City; State;	ZIP Code		
	4002 Castle Valley Dr # SR Corpus	Christi, TX 78410-3	3629		
10 March 1982	pation / Job title (See Instructions)		1 0 0	er (See Instructions)	
Student			St	udent	

# SCHEDULE A1

The Ins	truction Guide explains how to complete this forn	Total pages Schedule A1:     not available		
FILER NAME     Barbara Canales			3. Filer ID (Ethics Commission Filers)	
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
11/21/2019	Terry Shamsie		\$250.00	
	6. Contributor address; City; State;	ZIP Code		
	4002 Castle Valley Dr Corpus Christi, TX 78410-3629			
and the second second	pation / Job title (See Instructions)		ver (See Instructions)	
Attorney 4. Date	Full name of contributor	30	7. Amount of contribution (\$)	_
11/21/2019	Harold Shockley Jr.			
11/21/2019		ZIP Code	\$50.00	
		ZIF Code		
	6701 Shilling Way Ln Corpus Christi, TX 78414-3469	0.5.1	(2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	_
8. Principal occup Banker	pation / Job title (See Instructions)		ver (See Instructions) BC Bank	
4. Date	Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
11/21/2019	Jana Shockley		\$100.00	
	6. Contributor address; City; State;	ZIP Code		
	418 Indiana Ave Corpus Christi, TX 78404-1717			
Principal occup     Self employed	pation / Job title (See Instructions)		ver (See Instructions)	
4. Date	Full name of contributor		7. Amount of contribution (\$)	П
11/21/2019	Donald Taft		\$1,000.00	
	6. Contributor address; City; State;	ZIP Code	<b>0.,0</b> 00100	
	PO Box 270505 Corpus Christi, TX 78427-0505			
	eation / Job title (See Instructions)		er (See Instructions)	
CEO			ejas Management Systems, Inc	_
4. Date	Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
11/21/2019	Margaret Turner		\$100.00	
	6. Contributor address; City; State;	ZIP Code		
	618 Cunningham St Corpus Christi, TX 78411-2443			
	ation / Job title (See Instructions)		er (See Instructions)	
Self emplyed		Se	lf employed	

## SCHEDULE A1

The Instruction Guide explains how to complete this form.			Total pages Schedule A1:     not available		
FILER NAME     Barbara Canale	3			3. Filer ID (Ethics Commission File	ers)
4. Date	Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	-
11/21/2019	Carlos Valdez				\$25.00
	Contributor address;	City; State;	ZIP Code		
	4654 Christie St Corpus Christi, TX	78415-1648			
Principal occu     Retired	pation / Job title (See Instructions)			ver (See Instructions)	
4. Date	Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
11/21/2019	Roberto Vela				\$50.00
	Contributor address;	City; State;	ZIP Code		******
	1321 S Port Ave Corpus Christi, TX	78405-2101			
	pation / Job title (See Instructions)		, ,	er (See Instructions)	
Attorney			Se	elf Employed	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
11/21/2019	Belinda Villiva				\$40.00
	Contributor address;	City; State;	ZIP Code		
	1019 Iowa St Robstown, TX 78380-3	428			
Principal occur     Self	pation / Job title (See Instructions)		9 Employ Se	er (See Instructions)	
4. Date	Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
11/21/2019	John Wallace				\$500.00
	6. Contributor address;	City; State;	ZIP Code		
	12 Camden Pl Corpus Christi, TX 78	412-2613			
person an amount of the second of the second	pation / Job title (See Instructions)			er (See Instructions)	
Real Estate			Se		
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
12/23/2019	Leo Welder				\$1,000.00
	<ol><li>Contributor address;</li></ol>	City; State;	ZIP Code		
	800 N Shoreline Blvd Ste 300N Corp	us Christi, TX 7840	01-3723		
	pation / Job title (See Instructions)		, ,	er (See Instructions)	
Attorney			W	elder Leshin LLP	

## SCHEDULE A1

The Instruction Guide explains how to complete this form.			Total pages Schedule A1:     not available			
FILER NAME     Barbara Canales	S				3. Filer ID (Ethics Commission File	ers)
4. Date	5. Full name of contributor	out-of-state	PAC		7. Amount of contribution (\$)	
11/21/2019	Linda White					\$100.00
	6. Contributor address;	City; St	tate; Z	IP Code		
	825 Egyptian Dr Corpus Christi,	TX 78412-3719				
Section 1 and the second section of the section			ver (See Instructions)			
4. Date	5. Full name of contributor	out-of-state	PAC		7. Amount of contribution (\$)	
11/21/2019	Joseph Wise Jr.					\$100.00
	6. Contributor address;	City; St	tate; Z	IP Code		
	PO Box 1604 Corpus Christi, TX	78403-1604				
8. Principal occup	pation / Job title (See Instruction	s)		, ,	ver (See Instructions)	
Self employe	d			Se	elf employed	

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
Credit Card Payment The Instruction Guide explains how to complete this form.				Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)	
Total pages Schedule F1:	2. FILER NAME		3. Fi	iler ID (Ethics Commission Filers)	
	Barbara Canales				
4 Date	5 Payee name				
12/10/2019	Alice Echo News Journal	O:4- ::	Ctata	7in Code	
6 Amount \$1,100.00	7 Payee address; 405 E Main St Alice, TX 7833;	City;	State:	Zip Code	
	403 E Wall St Alice, 1% 7633.	2-4706			
8 PURPOSE	(a) Category (See categories listed	at the top of this schedule)	(b) Descr	iption Check if travel outside of Texas, complete Schedule T	
OF	Advertising Expense			Check if Austin, TX, officeholder living expense	
EXPENDITURE					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office soug	ht Office held	
4 Date	5 Payee name				
07/02/2019	Answer Anytime Answering Se	ervice			
6 Amount \$69.23	7 Payee address;	City;	State:	Zip Code	
	1345 Crescent Dr Corpus Chris	ti, 1 X /8468-2601			
8 PURPOSE	(a) Category (See categories listed	at the top of this schedule)	(b) Descr	iption Check if travel outside of Texas, complete Schedule T	
OF	Office Overhead/Rental Expense			Check if Austin, TX, officeholder living expense	
EXPENDITURE					
9 Complete ONLY if direct	Candidate/Officeholder name		Office sough	ht Office held	
expenditure to benefit C/OH					
4 Date	5 Payee name				
08/02/2019	Answer Anytime Answering Se				
6 Amount \$69.23	7 Payee address;	City;	State:	Zip Code	
\$09.23	1345 Crescent Dr Corpus Chris	+; TV 78468_2601			
	1343 Clescent Di Corpus Chris	u, 177 70400-2001			
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descr	iption	
PURPOSE		,		Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense	
OF EXPENDITURE	Office Overhead/Rental Expense			The state of the s	
O O O O O O O O O O O O O O O O O O O	0 - 1:1-1-10# - 1-11-1		Office	off as held	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	ht Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS 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 y Gift/Awards/Memorials Expense Legal Services	Office Overhead/Renta Polling Expense Printing Expense Salaries/Wages/Contra		Solicitation/Fundraisi Transportation Equip Expense Travel In District Travel Out of District Other (enter a categor	ment & Related	
Credit Card Payment	The Instruction Guid	de explains how to co	mplete this	s form.	90004 37	
Total pages Schedule F1:	2. FILER NAME		3. F	iler ID (Ethics Comm	nission Filers)	
	Barbara Canales					
4 Date	5 Payee name					
10/02/2019	Answer Anytime Answering Se					
6 Amount	7 Payee address;	City;	State	Zip	Code	
\$69.23	1345 Crescent Dr Corpus Chris	sti, TX 78468-2601				
8 PURPOSE	(a) Category (See categories listed	at the top of this schedule)	(b) Desc	ription Check if travel outside of Te	vas complete Schedule T	
PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense			Check if Austin, TX, officeh		
0.0.14.01.14.11	0 "1110"		Office	-1.1	Office held	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sou	gnt	Office held	
4 Date	5 Payee name					
11/04/2019	Answer Anytime Answering Se	ervice				
6 Amount	7 Payee address;	City;	State:	Zip	Code	
\$69.23	1345 Crescent Dr Corpus Chris	iti, TX 78468-2601				
8	(a) Category (See categories listed	at the top of this schedule)	(b) Desc	ription Check if travel outside of Tex	vas complete Schodule T	
PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense			Check if Austin, TX, officeho		
9 Complete ONLY if direct	Candidate/Officeholder name		Office soug	aht .	Office held	
expenditure to benefit C/OH	Candidate/Officeriolder frame		Office soul	giit ,	Office field	
4 Date	5 Payee name					
12/03/2019	Answer Anytime Answering Se	ervice				
6 Amount	7 Payee address;	City;	State:	Zip	Code	
\$69.23	The same of the sa			Post		
	1345 Crescent Dr Corpus Chris	ti, TX 78468-2601				
8	(a) Category (See categories listed	at the top of this schodule:	(b) Desc	ription		
PURPOSE	96 VI	at the top of this scriedule)		Check if travel outside of Tex		
OF EXPENDITURE	Fees			Check if Austin, TX, officeho	pider living expense	
1900						
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office soug	ght (	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

	EXPENDI	URE CATEGORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Book Candidate/Officeholder/Political Committee	Event Expense Fees Food/Beverage Expense y Gift/Awards/Memorials Expense Legal Services	Office Overhead/Renta Polling Expense Printing Expense Salaries/Wages/Contra	Tra Εχρ ct Labor Tra Tra	icitation/Fundraising Expense Insportation Equipment & Related Dense In District In District In Out of District Inter (enter a category not listed above)		
Credit Card Payment	The Instruction Gui	de explains how to co	mplete this form	1.		
Total pages Schedule F1:	2. FILER NAME Barbara Canales		3. Filer II	D (Ethics Commission Filers)		
4 Date 12/09/2019	5 Payee name BUS					
6 Amount \$525.00	7 Payee address; 702 N Chaparral St Corpus Ch	City; risti, TX 78401-2306	State:	Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See categories listed  Event Expense	at the top of this schedule)		n if travel outside of Texas, complete Schedule T if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held		
4 Date 09/16/2019	5 Payee name CBD Marine Corps					
6 Amount \$60.00	7 Payee address; 7865 Drive Corpus Christi, TX	City; 78401	State:	Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See categories listed Event Expense	at the top of this schedule)		if travel outside of Texas, complete Schedule T     if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held		
4 Date 10/09/2019	5 Payee name Corpus Christi Retired Teacher	s Assoc				
6 Amount \$50.00	7 Payee address; Staples Dr Corpus Christi, TX	City; 78401	State:	Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See categories listed Event Expense	2	Check	า if travel outside of Texas, complete Schedule T if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

	EXPENDIT	URE CATEGORIES	FOR BOX 8	a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B: Candidate/Officeholder/Political Committee	Event Expense Fees Food/Beverage Expense y Gift/Awards/Memorials Expense Legal Services	Office Overhead/Renta Polling Expense Printing Expense Salaries/Wages/Contra	T E oct Labor T T	Solicitation/Fundraising Expense Fransportation Equipment & Related Expense Fravel In District Fravel Out of District Other (enter a category not listed above)	
Credit Card Payment	The Instruction Gui	de explains how to co			
1. Total pages Schedule F1:	2. FILER NAME		3. Filer	r ID (Ethics Commission Filers)	
	Barbara Canales				
4 Date	5 Payee name				
07/15/2019	Cricket Wireless				
6 Amount	7 Payee address;	City;	State:	Zip Code	
\$30.00	4102 S Staples St Corpus Chris	sti, TX 78411-2100			
8 BURDOSE	(a) Category (See categories listed	at the top of this schedule)	(b) Descript	ion eck if travel outside of Texas, complete Schedule T	
PURPOSE OF	Office Overhead/Rental Expense			eck if Austin, TX, officeholder living expense	
EXPENDITURE	to the statement and the statement of the statement and the statement of t				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	
4 Date	5 Payee name				
08/05/2019	Del Mar Campus Dining Service	ces			
6 Amount	7 Payee address;	City;	State:	Zip Code	
\$1,109.56	17				
	101 Baldwin Blvd Corpus Chri	sti, TX 78404-3805			
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descript	ion	
PURPOSE OF	Event Expense			ck if travel outside of Texas, complete Schedule T ck if Austin, TX, officeholder living expense	
EXPENDITURE	Event Expense				
0.0	0 111 107 1 11		055	0.5	
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				
6 Amount	7 Payee address;	City;	State:	Zip Code	
\$12.78	Payee address,	City,	State.	Zip Code	
	333 Brannan St San Francisco,	CA 94107-1810			
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descripti	on	
PURPOSE		a top of the solicule)	Che	ck if travel outside of Texas, complete Schedule T	
OF EXPENDITURE	Office Overhead/Rental Expense		Che	ck if Austin, TX, officeholder living expense	
27.1 2.10.11 0.1.2					
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					

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense y Gift/Awards/Memorials Expense Legal Services  The Instruction Gui	Office Overhead/Renta Polling Expense Printing Expense Salaries/Wages/Contra de explains how to co	act Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) form.	
Total pages Schedule F1:	2. FILER NAME		· -	er ID (Ethics Commission Filers)	
Total pages defledule 1 1.	Barbara Canales		0. 11	or is (Eurica Commission Friera)	
4 Date	5 Payee name				
09/06/2019	Dropbox				
6 Amount	7 Payee address;	City;	State:	Zip Code	
\$12.78	333 Brannan St San Francisco,	CA 94107-1810			
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descri	ption	
PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense			theck 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				
10/15/2019	Dropbox				
6 Amount	7 Payee address;	City;	State:	Zip Code	
\$12.78	333 Brannan St San Francisco,	CA 94107-1810			
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	5	Office sough	t Office held	
4 Date	5 Payee name				
11/18/2019	Dropbox				
6 Amount \$12.78	7 Payee address; 333 Brannan St San Francisco,	City; CA 94107-1810	State:	Zip Code	
8	(a) Category		(h) Dossri	otion	
PURPOSE	(a) Category (See categories listed	at the top of this schedule)	(b) Descri	DTION heck if travel outside of Texas, complete Schedule T	
OF EXPENDITURE	Office Overhead/Rental Expense			heck if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	t Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Other (enter a category not listed above)  The Instruction Guide explains how to complete this form.					
1. Total pages Schedule F1:	2. FILER NAME	3.	Filer ID (Eth	nics Commission Filers)		
	Barbara Canales					
4 Date	5 Payee name					
12/06/2019	Dropbox					
6 Amount \$12.78	7 Payee address; City; 333 Brannan St San Francisco, CA 94107-1810	Sta	te:	Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this scher	dule) (b) De		l outside of Texas, complete Schedule T in, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office so	ought	Office held		
4 Date	5 Payee name					
10/27/2019	Fishe for Life					
6 Amount \$1,000.00	7 Payee address; City; PO Boz 56730 Corpus Christi, TX 78401	Sta	te:	Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sched	dule) (b) De		outside of Texas, complete Schedule T in, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office so	ought	Office held		
4 Date	5 Payee name					
07/01/2019	IBC Bank					
6 Amount \$2.50	7 Payee address; City; 221 S Shoreline Blvd Corpus Christi, TX 78401-2	Stat 2833	te:	Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sched	dule) (b) Des	_	outside of Texas, complete Schedule T in, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office so	ught	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment	Fees		ict 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		3. Fil	ler ID (Ethics Commission Filers)
	Barbara Canales			
4 Date	5 Payee name			
07/31/2019	IBC Bank			
6 Amount	7 Payee address;	City;	State:	Zip Code
\$16.60	221 S Shoreline Blvd Corpus Cl	nristi, TX 78401-2833		
8	(a) Category (a		(b) Descri	ntion
PURPOSE	(a) Category (See categories listed a	at the top of this schedule)	], \ \	heck if travel outside of Texas, complete Schedule T
OF EXPENDITURE	Fees			Check if Austin, TX, officeholder living expense
EXPENDITORE				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	nt Office held
4 Date	5 Payee name			
08/02/2019	IBC Bank			
6 Amount	7 Payee address;	City;	State:	Zip Code
\$2.50				
	221 S Shoreline Blvd Corpus Ch	nristi, TX 78401-2833		
8 PURPOSE	(a) Category (See categories listed a	at the top of this schedule)	(b) Descri	ption heck if travel outside of Texas, complete Schedule T
OF	Fees			theck if Austin, TX, officeholder living expense
EXPENDITURE				
9 Complete ONLY if direct	Candidate/Officeholder name		Office sough	nt Office held
expenditure to benefit C/OH	Candidate/Officerroider frame		Office sough	onice neid
4 Date	5 Payes name			
09/30/2019	5 Payee name IBC Bank			
6 Amount	7 Payee address;	City;	State:	Zip Code
\$15.55	r ayee address,	,,	0.0.0.	p
	221 S Shoreline Blvd Corpus Ch	risti, TX 78401-2833		
8	(a) Category (See categories listed a	t the top of this schedule)	(b) Descri	otion
PURPOSE	0.0 N. COOM 800M	it the top of this scriedule)	,	heck if travel outside of Texas, complete Schedule T
OF EXPENDITURE	Fees			heck if Austin, TX, officeholder living expense
EXI ENDITORE	8			
9 Complete ONLY if direct	Candidate/Officeholder name	-	Office sough	t Office held
expenditure to benefit C/OH				
· ·				
	ATTACH ADDITIONAL COP	IES OF THIS SCHI	EDULE AS	NEEDED

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Candidate/Officeholder/Political Committee	Fees P Food/Beverage Expense P y Gift/Awards/Memorials Expense S 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	The Instruction Guide	explains how to cor	mplete this t	form.	
Total pages Schedule F1:	2. FILER NAME Barbara Canales		3. File	er ID (Ethics Commission Filers)	
4 Date 10/07/2019	5 Payee name IBC Bank				
6 Amount \$35.00	7 Payee address; 221 S Shoreline Blvd Corpus Chr	City; risti, TX 78401-2833	State:	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at Fees	the top of this schedule)	1 =	otion heck if travel outside of Texas, complete Schedule T heck if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	(	Office sough	t Office held	
4 Date 10/09/2019	5 Payee name IBC Bank				
6 Amount \$35.00	7 Payee address; 221 S Shoreline Blvd Corpus Chr	City;	State:	Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at Fees	the top of this schedule)	=	otion neck if travel outside of Texas, complete Schedule T neck if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	(	Office sough	t Office held	
4 Date 10/29/2019	5 Payee name IBC Bank				
6 Amount \$35.00	7 Payee address; 221 S Shoreline Blvd Corpus Chr	City; isti, TX 78401-2833	State:	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at Fees	the top of this schedule)		otion leck 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	C	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

	EXPENDIT	URE CATEGORIES	FOR BOX	B(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Office Overhead/Rental Fees Polling Expense Printing Expense Printing Expense Printing Expense Salaries/Wages/Contract Labor Legal Services Salaries Polling Expense Salaries Printing Expense Salaries Printing Expense Expense Travel In District Travel Out of District Other (enter a category not listed above)  The Instruction Guide explains how to complete this form.				
	2. FILER NAME			er ID (Ethics Commission Filers)	
1. Total pages Schedule FT.	Barbara Canales		J. 11	er ib (Eurics Commission Friers)	
4 Date 10/31/2019	5 Payee name IBC Bank				
6 Amount \$2.05	7 Payee address; 221 S Shoreline Blvd Corpus C	City; Christi, TX 78401-2833	State:	Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed Fees	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	nt Office held	
4 Date	5 Payee name				
10/31/2019	IBC Bank				
6 Amount \$16.30	7 Payee address; 221 S Shoreline Blvd Corpus C	City; Christi, TX 78401-2833	State:	Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed	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	t Office held	
4 Date	5 Payee name				
11/30/2019	IBC Bank				
6 Amount \$29.34	7 Payee address; 221 S Shoreline Blvd Corpus C	City; Christi, TX 78401-2833	State:	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed Fees	at the top of this schedule)	=	Otion heck if travel outside of Texas, complete Schedule T heck if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	t Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS 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 co				
Total pages Schedule F1:	2. FILER NAME Barbara Canales		3. Fil	er ID (Ethics Commission Filers)		
4 Date 12/31/2019	5 Payee name IBC Bank					
6 Amount \$19.55	7 Payee address; 221 S Shoreline Blvd Corpus C	City; hristi, TX 78401-2833	State:	Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See categories listed Fees	at the top of this schedule)	=	Otion heck if travel outside of Texas, complete Schedule T heck if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	t Office held		
4 Date	5 Payee name			The Control Control of the Control o		
07/17/2019	LULAC Council 1					
6 Amount \$290.00	7 Payee address; 4578 Main Corpus Christi, TX	City; 78401	State:	Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed Event Expense	at the top of this schedule)		Otion heck if travel outside of Texas, complete Schedule T heck if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	t Office held		
4 Date	5 Payee name					
12/16/2019	LWV Womens Event					
6 Amount \$1,000.00	<ul><li>7 Payee address;</li><li>3406 S Staples St Corpus Chris</li></ul>	City; ti, TX 78411-3377	State:	Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed Event Expense	at the top of this schedule)		otion heck if travel outside of Texas, complete Schedule T heck if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	8	Office sough	t Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

	EXPENDIT	URE CATEGORIES	FOR BOX	B(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/Renta Polling Expense Printing Expense Salaries/Wages/Contra		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	mplete this		
Total pages Schedule F1:	2. FILER NAME Barbara Canales		3. Fil	er ID (Ethics Commission Filers)	
4 Date 07/30/2019	5 Payee name Pete McRae				
6 Amount	7 Payee address;	City;	State:	Zip Code	
\$3,500.00	707 S Main St Ste 202 Georget	own, TX 78626-5700			
8 PURPOSE	(a) Category (See categories listed	at the top of this schedule)	(b) Descri	otion heck if travel outside of Texas, complete Schedule T	
OF EXPENDITURE	Consulting Expense			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 12/10/2019	5 Payee name Pete McRae				
6 Amount	7 Payee address;	City;	State:	Zip Code	
\$4,200.00	707 S Main St Ste 202 Georget	own, TX 78626-5700			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed Consulting Expense	at the top of this schedule)		otion heck if travel outside of Texas, complete Schedule T heck if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	t Office held	
4 Date	5 Payee name				
07/02/2019	NGP VAN	-			
6 Amount \$250.00	7 Payee address;	City;	State:	Zip Code	
\$250.00	48 Grove St Ste Somerville, MA	A 02144-2500			
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	
OF EXPENDITURE	Office Overhead/Rental Expense		=	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	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee	Fees Po	fice Overhead/Rental olling Expense inting Expense alaries/Wages/Contrac		Solicitation/Fundraisin Transportation Equipm Expense Travel In District Travel Out of District Other (enter a catego	ment & Related
Credit Card Payment	The Instruction Guide	explains how to cor	mplete this f		
Total pages Schedule F1:	FILER NAME     Barbara Canales		3. File	er ID (Ethics Comm	ission Filers)
4 Date	5 Payee name				
08/02/2019	NGP VAN				
6 Amount \$250.00	7 Payee address;	City;	State:	Zip (	Code
\$230.00	48 Grove St Ste Somerville, MA 0	)2144-2500			
8 PURPOSE	(a) Category (See categories listed at t	he top of this schedule)	(b) Descrip	otion heck if travel outside of Tex	as, complete Schedule T
OF	Office Overhead/Rental Expense			heck if Austin, TX, officeho	PORTO NOTICE CONTROL TO A CONTROL CONT
EXPENDITURE	187)				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	t	Office held
4 Date	5 Payee name				
10/02/2019	NGP VAN				
6 Amount \$250.00	7 Payee address;	City;	State:	Zip (	Code
	48 Grove St Ste Somerville, MA (	2144-2500			
8	(a) Category (See categories listed at the	he top of this schedule)	(b) Descrip	otion heck if travel outside of Tex	as complete Schedule T
PURPOSE OF	Office Overhead/Rental Expense			heck if Austin, TX, officeho	STANDONE CONTRACTOR OF THE CON
EXPENDITURE					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	(	Office sough	t (	Office held
4 Date	5 Payee name				
10/09/2019	Nueces County Sheriff Assoc				
6 Amount \$50.00	7 Payee address;	City;	State:	Zip (	Code
\$50.00	6723 Morgan Corpus Christi, TX	78404			
	6725 Worgan Corpus Christi, 174	70404			
8	(a) Category (See categories listed at the	he top of this schedule)	(b) Descrip	otion	
PURPOSE OF	Event Expense		=	neck if travel outside of Tex neck if Austin, TX, officeho	
EXPENDITURE					
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	(	Office sought	t (	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment	dvertising Expense						
1. Total pages Schedule F1:	2. FILER NAME	3. Filer ID (Ethics Commission Filers)					
	Barbara Canales						
4 Date	5 Payee name						
07/24/2019	Robstown Area Development Corp						
6 Amount \$750.00	7 Payee address; City; 34 Main St Robstown, TX 78380	State: Zip Code					
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)  Event Expense	(b) Description 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 sought Office held					
4 Date	5 Payee name						
10/02/2019	Sage Payment Solutions						
6 Amount \$97.24	7 Payee address; City; 12120 Sunset Hills Rd Ste 500 Reston, VA 20190-58:	State: Zip Code					
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description 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 sought Office held					
4 Date	5 Payee name						
10/04/2019	Sage Payment Solutions						
6 Amount \$2.50	7 Payee address; City; 12120 Sunset Hills Rd Ste 500 Reston, VA 20190-58:	State: Zip Code					
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description 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 sought Office held					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

	EXPENDIT	URE CATEGORIES	FUR BUX 6	(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/Renta Polling Expense Printing Expense Salaries/Wages/Contra	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  The Instruction Guide explains how to complete this form.						
1. Total pages Schedule F1:	2. FILER NAME		3. File	er ID (Ethics Commission Filers)		
	Barbara Canales					
4 Date	5 Payee name					
11/29/2019	Sage Payment Solutions					
6 Amount \$1,525.00	7 Payee address; 12120 Sunset Hills Rd Ste 500	City; Reston, VA 20190-585	State:	Zip Code		
8 PURPOSE	(a) Category (See categories listed	at the top of this schedule)	(b) Descrip	ution leck if travel outside of Texas, complete Schedule T		
OF EXPENDITURE	Fees			neck if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held		
4 Date	5 Payee name					
12/02/2019	Sage Payment Solutions					
6 Amount \$873.01	7 Payee address; 12120 Sunset Hills Rd Ste 500	City; Reston, VA 20190-585	State:	Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See categories listed Fees	at the top of this schedule)	1 =	tion leck if travel outside of Texas, complete Schedule T leck if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held		
4 Date	5 Payee name					
12/12/2019	Sage Payment Solutions					
6 Amount \$1,000.00	7 Payee address; 12120 Sunset Hills Rd Ste 500	City; Reston, VA 20190-585	State:	Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See categories listed Fees	at the top of this schedule)	1 =	tion eck if travel outside of Texas, complete Schedule T eck if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B 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/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		3. Fil	er ID (Ethics Commission Filers)			
	Barbara Canales						
4 Date 07/05/2019	5 Payee name TDP						
6 Amount \$193.75	7 Payee address; 1106 Lavaca St Austin, TX 787	City; 701-2169	State:	Zip Code			
PURPOSE OF EXPENDITURE	(a) Category (See categories listed Office Overhead/Rental Expense	at the top of this schedule)	1 =	ption heck 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 08/05/2019	5 Payee name TDP						
6 Amount \$193.75	7 Payee address; 1106 Lavaca St Austin, TX 787	City; 701-2169	State:	Zip Code			
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			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	t Office held			
4 Date 10/07/2019	5 Payee name United Way Corpus						
6 Amount \$100.00	7 Payee address; 4598 S Staples St Corpus Chris	City; ti, TX 78411-2604	State:	Zip Code			
PURPOSE OF EXPENDITURE	(a) Category (See categories listed Event Expense	at the top of this schedule)		Otion heck if travel outside of Texas, complete Schedule T heck if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	t Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							