

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

14 C/OH NAME
DIANA BARRERA

15 ACCOUNT # (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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

**17 CONTRIBUTION
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED **\$ 265.00**

2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **\$ 3,707.55**

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED **\$ 0**

4. **TOTAL POLITICAL EXPENDITURES** **\$ 6,445.70**

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD **\$ 2,853.03**

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD **\$**

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Diana Barrera

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Diana Barrera, this the 6th day of October, 20 2014, to certify which, witness my hand and seal of office.

Rochelle A Limon
Signature of officer administering oath

Rochelle A Limon
Printed name of officer administering oath

Deputy Clerk
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 1 of 4	
2 FILER NAME DIANA BARRERA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/2/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARD M. BORCHARD	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1374 SANDPIPER, CORPUS CHRISTI, TX 78412		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 7/2/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BONILLA INVESTMENTS	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO BOX 5080 CORPUS CHRISTI TX 78405		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF-EMPLOYED	
Date 7/2/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WIGGINGTON, RUMLEY, DUNN & BLAIR LLP	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 123 N. CARRIZO ST. CORPUS CHRISTI, TX 78401		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) ATTORNEYS		Employer (See Instructions)	
Date 7/2/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EUGENE SISNEROS	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/7/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CAROL BAILEY	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO BOX 2951 CORPUS CHRISTI TX 78403		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF EMPLOYED	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 of 4

2 FILER NAME

DIANA BARRERA

3 ACCOUNT # (Ethics Commission Filers)

4 Date

7/3/14

5 Full name of contributor out-of-state PAC (ID#: _____)

SAM L. SUSSER

6 Contributor address; City; State; Zip Code

PO BOX 9034 CORPUS CHRISTI

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

BUSINESSMAN

10 Employer (See Instructions)

Date

7/9/14

Full name of contributor out-of-state PAC (ID#: _____)

CWA-COPE PCC

Contributor address; City; State; Zip Code

501 3RD STREET WASHINGTON DC 20001

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

CWA POLITICAL ACTION COMMITTEE

Employer (See Instructions)

Date

8/29/14

Full name of contributor out-of-state PAC (ID#: _____)

CLAUDE D'UNGER

Contributor address; City; State; Zip Code

PO BOX 254619 OKLAHOMA CITY, OK 73125

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

8/3/14

Full name of contributor out-of-state PAC (ID#: _____)

MIKE CARRELL

Contributor address; City; State; Zip Code

4966 CHERRY HILLS CORPUS CHRISTI TX 78413

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

BANK PRESIDENT

Employer (See Instructions)

FROST BANK

Date

8/5/14

Full name of contributor out-of-state PAC (ID#: _____)

DAVID GUERRERO

Contributor address; City; State; Zip Code

823 GRACE, ALICE TX 78332

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

DISTRICT CLERK

Employer (See Instructions)

JIM WELLS COUNTY

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 3 of 4	
2 FILER NAME DIANA BARRERA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/10/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NANCY DEVLIN 6 Contributor address; City; State; Zip Code 15357 MUTINY CT., CORPUS CHRISTI TX 78418	7 Amount of contribution (\$) 100.00 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9/23/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TERRY SHAMSIE Contributor address; City; State; Zip Code 4002 CASTLE VALLEY DR CORPUS CHRISTI TX 78410	Amount of contribution (\$) 250.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF EMPLOYED	
Date 9/23/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAW OFFICES OF RENE RODRIGUEZ Contributor address; City; State; Zip Code 433 TANCAHUA CORPUS CHRISTI, TX 78401	Amount of contribution (\$) 200.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF EMPLOYED	
Date 9/13/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID CANTU JR. Contributor address; City; State; Zip Code 5714 WATERFORD CORPUS CHRISTI TX 78414	Amount of contribution (\$) 100.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/13/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEBRA A. LOPEZ Contributor address; City; State; Zip Code 3150 CHINA BERRY LN CORPUS CHRISTI TX 78416	Amount of contribution (\$) 100.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 4 of 4	
2 FILER NAME DIANA BARRERA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/8/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARY A. TAPIA 6 Contributor address; City; State; Zip Code 2409 SARITA ST. CORPUS CHRISTI TX 78405	7 Amount of contribution (\$) 1,000	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) RETIRED		10 Employer (See Instructions)	
9/25/14	BRENDA B. BAKER Contributor address; City; State; Zip Code 716 E. BROADWAY PORTLAND TX 78374	250.00	
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF EMPLOYED	
9/25/14	ROBERT L. RAMEY Contributor address; City; State; Zip Code 302 JACKSON PLACE CORPUS CHRISTI TX 78411	250.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
9/24/14	SOLOMON P. ORTIZ SR Contributor address; City; State; Zip Code 4514 CARLOW DR. CORPUS CHRISTI, TX 78413	150.00	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)	
9/25/14	SOLOMON P. ORTIZ JR Contributor address; City; State; Zip Code	100.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1 of 2	2 FILER NAME DIANA BARRERA	3 ACCOUNT # (Ethics Commission Filers)
4 Date 8/4/2014	5 Payee name DIANA BARRERA	
6 Amount (\$) 130.70	7 Payee address; City; State; Zip Code PO BOX 1872, CORPUS CHRISTI TX. 78401	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) PRINTING EXPENSES	(b) Description (If travel outside of Texas, complete Schedule T) REIMBURSEMENT FOR PRINTING EXP.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 7/27/14	Payee name NUECES COUNTY DEMOCRATIC PARTY	
Amount (\$) 600.00	Payee address; City; State; Zip Code 823 N. TANCAHUA, CORPUS CHRISTI, TX 78401	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T) SPONSORSHIP TABLE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 8/8/14	Payee name DIANA BARRERA	
Amount (\$) 172.00	Payee address; City; State; Zip Code PO BOX 1872, CORPUS CHRISTI TX. 78401	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T) ROSETTES FOR FUNDRAISER
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 8/14/14	Payee name DIANA BARRERA	
Amount (\$) 1,161.52	Payee address; City; State; Zip Code P.O.BOX 1872 CORPUS CHRISTI, TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) REIMBURSE CAMPAIGN EXPENSE	Description (If travel outside of Texas, complete Schedule T) CAMPAIGN ADVERTISING-PUSH CARD
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>2 of 2</i>	2 FILER NAME DIANA BARRERA	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 8/6/14	5 Payee name CORPUS CHRISTI CALLER TIMES
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6 Amount (\$) 2,500.00	7 Payee address; City; State; Zip Code MESQUITE ST. CORPUS CHRISTI, TX 78401
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) CAMPAIGN AD	(b) Description (If travel outside of Texas, complete Schedule T) ADVERTISING
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/26/14	Payee name KTMV
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Amount (\$) 400.00	Payee address; City; State; Zip Code 2209 NORTH PADRE ISLAND DR., SUITE # V CORPUS CHRISTI, TX 78408
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) LOGO ADVERTISING
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/25/14	Payee name CORPUS CHRISTI CALLER TIMES
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Amount (\$) 1,481.48	Payee address; City; State; Zip Code MESQUITE ST. CORPUS CHRISTI, TX 78401
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) ADVERTISING
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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