CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE /	MS/MRS/MR FIRST	MI	
OFFICEHOLDER	A COMPA	WII	OFFICE USE ONLY
NAME	DIANA		Date Received
	NICKNAME LAST	SUFFIX	AT M
e e e	BARRERA		OCT 0 6 2014
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE#; CITY;	STATE; ZIP CODE	001 0 0 2014
OFFICEHOLDER	According to the control of the cont		
MAILING	PO BOX 1872, CORPUS CHRISTI, TX 7	78403	DAMA T. BARRERA Datiente in Control of the Control
ADDRESS			Date Hand delivered or Pestmarked ounty, Texas By Deput
change of address	g x		Receipt # Amount
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Receipt # / Amount
OFFICEHOLDER		EXTENSION	Date Processed
PHONE	(361) 815-3005		
6 CAMPAIGN	MS/MRS/MR FIRST	MI	Date Imaged
TREASURER	MS. BETTY	J	1
NAME	NICKNAME LAST	SUFFIX	
	The following the control of the con	SUFFIX	*
	LONGORIA		
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE
TREASURER	AN USE OF THE PROPERTY OF THE	September 1999 Septem	ZIF CODE
ADDRESS	4205 AARON COVE, CORPUS CHRIST	T, TX 78413	
(residence or business)			
	31		
	COLORS INVESTOR IN		
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION	0
PHONE	(361) 808-9401		
NEC AND ELEMENTARY	α		207
		6	
A DEDODE TUDE			
9 REPORT TYPE	January 15 🗸 30th day before election	Runoff	15th day after campaign
			treasurer appointment (officeholder only)
	July 15 . 8th day before election	Exceeded \$500	Final report (Attach C/OH - FR)
		limit	
40 DEDIOD			
10 PERIOD COVERED	Month Day Year	Month Day	Year
OUVERED	07 / 01 / 14 THROUGH	09 / 25 /	/ 14
		7 7.	
11 ELECTION	FLECTION DATE ELECTION TYPE	***	
IN ELLOTION	Month Day Year —		
	11 / 4 / 14	Runoff	General Special
	11 / 4 / 14		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	No. of the second secon
Leener Control (Control (Contr	The second control of the second of the seco		
			(A)
		p*	
22			

GO TO PAGE 2

2014-135

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)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MA HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANL ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR	
	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. TOTAL PLEDGI	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	N \$ 265.00	
		POLITICAL CONTRIBUTIONS 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 P OF REP	OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DESTRING PERIOD	\$ 2,853.03	
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T Y OF THE REPORTING PERIOD	THE \$	
18 AFFIDAVIT				
		is true and correct and includes all me under Title 15, Election Code.	perjury, that the accompanying report information required to be reported by	
AFFIX NOTARY STAM	P / SEAL ABOVE			
Sworn to and subs	scribed_before	me, by the said <u>Diana</u> Bark	reka), this the	
day	of Octobe	- 03.4/	ny hand and seal of office.	
Kechelle 7	Jamos	Rochelle A. Limon	Deputy Clerk	
Signature of officer admir	nistering oath	Printed name of officer administering oath	Title of officer administering oath	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

				W
The	Instruction Guide explains how to complete this	form.	1 Total pages School	edule A: f 4
2 FILER NAME DIANA BAR	RERA		3 ACCOUNT # (E	thics Commission Filers)
4 Date 7/2/14	 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
	1374 SANDPIPER, CORPUS CHRISTI. TX	(78412	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I		or rexas, complete scriedule 1)
Date 7/2/14	Full name of contributor out-of-state PAC (ID#:_BONILLA INVESTMENTS Contributor address; City; State; Zip Code PO BOX 5080 CORPUS CHRISTI TX 7840	05	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
			(If travel outside	of Texas, complete Schedule T)
Principal occup ATTORNE	pation / Job title (See Instructions)	Employer (See I SELF-EMPLO		
Date 7/2/14	Full name of contributor out-of-state PAC (ID#_WIGGINGTON, RUMLEY, DUNN & BLAIR Contributor address; City; State; Zip Code 123 N. CARRIZO ST. CORPUS CHRISTI,		Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Date 7/2/14	Full name of contributor		Amount of contribution (\$) 200.00	In-kind contribution description (if applicable) of Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instructions)	Employer (See		or roma, complete constants in
Date 7/7/14	Full name of contributor out-of-state PAC (ID#_CAROL BAILEY Contributor address; City; State; Zip Code PO BOX 2951 CORPUS CHRISTI TX 784		Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
10 90000000MA00000 90-00000000	Detion / Job title (See Instructions)	Employer (See	Instructions)	
ATTORNE'	Y	SELF EMPL	UYED	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME DIANA BAR	RERA		3 ACCOUNT# (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution
7/3/14	SAM L. SUSSER		contribution (\$)	description (if applicable)
	6 Contributor address; City; State; Zip Code		100.00	1
	PO BOX 9034 CORPUS CHRISTI			
	T		(If travel outside	of Texas, complete Schedule T)
9 Principal occup BUSINESS	pation / Job title (See Instructions) MAN	10 Employer (See	Instructions)	
Date	Full name of contributor		Amount of	In-kind contribution
7/9/14	CWA-COPE PCC		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code	ema e ema e em	500.00	
	501 3RD STREET WASHINGTON DC 200	01	2	8
			(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See		or rexas, complete Schedule 1)
CWA POLI	TICAL ACTION COMMITTEE		5)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
8/29/14	CLAUDE D'UNGER		100.00	
	Contributor address; City; State; Zip Code		100.00	
	PO BOX 254619 OKLAHOMA CITY, OK 7	3125		1
	19		(If travel outside	of Texas, complete Schedule T)
Principal occup RETIRED	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
8/3/14	MIKE CARRELL		contribution (\$)	description (if applicable)
0.0.11	Contributor address; City; State; Zip Code		100.00	
	4966 CHERRY HILLS CORPUS CHRISTI	TX 78413		
	· ·		(If travel outside	of Texas, complete Schedule T)
	poation / Job title (See Instructions)	Employer (See	Instructions)	or resident completes continued by
BANK PRE	SIDENT	FROST BAN	N .	,
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
8/5/14	DAVID GUERRERO		100.00	
	Contributor address; City; State; Zip Code		100.00	I .
	823 GRACE, ALICE TX 78332			I i
	20.000		(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See	Instructions)	
DISTRICT	CLERK	JIM WELLS	COUNTY	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

(512) 463-5800

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

Texas Ethics Commission

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	of 4
2 FILER NAME			3 ACCOUNT# (E	thics Commission Filers)
DIANA BAR	RERA			
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution
0/40/44	NANCY DEVLIN		contribution (\$)	description (if applicable)
8/10/14	6 Contributor address; City; State; Zip Code	** * ** * * * * * *	100.00	
	15357 MUTINY CT., CORPUS CHRISTI T	X 78418		
	10007 10011111 01., 00111 00 011111011 12	.,,,,,,	(If travel outside	of Texas, complete Schedule T)
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See I		or rexas, complete ochedule 17
o maleipa, coca,	value, y con also (con menana)	.6,		
Date	Full name of contributor ut-of-state PAC (ID#:		Amount of	In-kind contribution
9/23/14	TERRY SHAMSIE		contribution (\$)	description (if applicable)
01201T	Contributor address; City; State; Zip Code		250.00	
			li li	i i
	4002 CASTLE VALLEY DR CORPUS CHF	RISTI TX 78410		į.
				of Texas, complete Schedule T)
Principal occup ATTORNE	pation / Job title (See Instructions)	Employer (See I SELF EMPL(
ATTORNE	Company of the compan	OLLI LIVII L		T
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/23/14	LAW OFFICES OF RENE RODRIGUEZ		200.00	
	Contributor address; City; State; Zip Code			1
	433 TANCAHUA CORPUS CHRISTI, TX 7	'8401		
			(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
ATTORNE	Y	SELF EMPLO	OYED	
Date	Full name of contributor ut-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/13/14	DAVID CANTU JR.			description (ii applicable)
	Contributor address; City; State; Zip Code	1865 B W B 1861 B F F 61 702 19	100.00	I
	EZAA WATEREORR OORRUG OURISTI T	V 70444		1
	5714 WATERFORD CORPUS CHRISTI T.	X /8414	770,000	
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Principal occu	pation / Job line (Gee mandetions)	Employer (ode	mon deliene,	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of	In-kind contribution
9/13/14	DEBRA A. LOPEZ		contribution (\$)	description (if applicable)
entertained in process and COLET is	Contributor address; City; State; Zip Code		100.00	
	3150 CHINA BERRY LN CORPUS CHRIS	STI TX 78416		
			100 mm - 100 mm	
Principal accur	nation / Joh title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Fincipal occu	pation / Job title (See Instructions)	Employer (3ee	mon delicita)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A: 4
2 FILER NAME DIANA BAR	RERA		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC(ID#:)	7 Amount of	8 In-kind contribution
9/8/14	MARY A. TAPIA		contribution (\$)	description (if applicable)
	6 Contributor address; City; State; Zip Code		1,000	1
	2409 SARITA ST. CORPUS CHRISTI TX 7	78405		
			(If travel outside	of Texas, complete Schedule T)
9 Principal occup RETIRED	eation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor ut-of-state PAC (ID#:_)	Amount of	In-kind contribution
9/25/14	BRENDA B. BAKER		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		250.00	
	716 E. BROADWAY PORTLAND TX 7837	4		
			(If traval autoida	of Toyon, complete Schodule T
Principal occup ATTORNEY	pation / Job title (See Instructions)	Employer (See I	nstructions)	of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
9/25/14	ROBERT L. RAMEY		contribution (\$)	description (if applicable)
9/25/14	Contributor address; City; State; Zip Code		250.00	
	302 JACKSON PLACE CORPUS CHRIST	I TX 78411		
	S. J. J. S.			of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor ut-of-state PAC (ID#:		Amount of	In-kind contribution
9/24/14	SOLOMON P. ORTIZ SR		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code	K 40 W H W K H R F F	150.00	
	4514 CARLOW DR. CORPUS CHRISTI, 1	TX 7 8413		ľ
			(If travel outside	l of Texas, complete Schedule T)
Principal occup RETIRED	eation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor uut-of-state PAC (ID#:)	Amount of	In-kind contribution
9/25/14	SOLOMON P. ORTIZ JR		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		100.00	
				į,
				V
Principal occur	ation / Job title (See Instructions)	Employer (Co. 1		of Texas, complete Schedule T)
· ····-spar occup	and the food manualities)	Employer (See I	naductions)	

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POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/Gift/Awards/Memorials Expense Solicitation/Fund Food/Beverage Expense Travel In District Polling Expense Travel Out Of Diffice Overhead The Instruction Guide explains how to	Contract Labor L raising Expense T Strict /Rental Expense C	oan Repayment/Reimbursement ransportation Equipment & Related Expense contributions/Donations Made By Candidate/Officeholder/Political Committee DTHER (enter a category not listed above)
Total pages Schedule F:	2 FILER NAME DIANA BARRERA		3 ACCOUNT # (Ethics Commission Filers
4 Date 8/4/2014	5 Payee name DIANA BARRERA		,
3 Amount (\$)	7 Payee address; City; State; Zip Code	W W	
130.70	PO BOX 1872, CORPUS CHRISTI TX. 784	101	
B PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (I	f travel outside of Texas, complete Schedule T)
OF EXPENDITURE	PRINTING EXPENSES	REIMBURS	EMENT FOR PRINTING EXP.
Omplete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
7/27/14	NUECES COUNTY DEMOCRATIC PART	Y	
Amount (\$)	Payee address; City; State; Zip Code		W. W. C.
600.00	823 N. TANCAHUA, CORPUS CHRISTII, 7	ΓX 78401	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (I	f travel outside of Texas, complete Schedule T)
OF EXPENDITURE	EVENT EXPENSE	SPONSOR	SHIP TABLE
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		,
8/8/14	DIANA BARRERA		
Amount (\$)	Payee address; City; State; Zip Code		
172.00	PO BOX 1872, CORPUS CHRISTI TX. 784	401	n.*
PURPOSE	Category (See categories listed at the top of this schedule)	Description (f travel outside of Texas, complete Schedule T)
OF EXPENDITURE	EVENT EXPENSE	ROSETTES	S FOR FUNDRAISER
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Рауее пате		10 10 10 10 10 10 10 10 10 10 10 10 10 1
8/14/14	DIANA BARRERA		
Amount (\$)	Payee address; City; State; Zip Code		
1,161.52	P.O.BOX 1872 CORPUS CHRISTI, TX		
	Category (See categories listed at the top of this schedule)	Description (f travel outside of Texas, complete Schedule T)
PURPOSE	, , ,		, , ,
PURPOSE OF EXPENDITURE	REIMBURSE CAMPAIGN EXPENSE	CAMPAIGN	ADVERTISING-PUSH CARD
OF	REIMBURSE CAMPAIGN EXPENSE Candidate / Officeholder name	CAMPAIGN Office sought	ADVERTISING-PUSH CARD

POLITICAL EXPENDITURES

SCHEDULE F

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense	Gift/Awards/Memorials Expense Salaries/Wages/O Legal Services Solicitation/Fundr. Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis	ontract Labor aising Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee
Fees	Printing Expense Office Overhead/	CAN COLOR PORCE CONTRACTOR CONTRACTOR	OTHER (enter a category not listed above)
	The Instruction Guide explains how to	complete this fo	
Total pages Schedule F:	2 FILER NAME DIANA BARRERA		3 ACCOUNT # (Ethics Commission Filers)
Nate 8/6/14	5 Payee name CORPUS CHRISTI CALLER TIMES		
Amount (\$)	7 Payee address; City; State; Zip Code	01.00	
2,500.00	MESQUITE ST. CORPUS CHRISTI, TX 784	401	
B PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	CAMPAIGN AD	ADVERTI	SING
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sough	ot Office held
Date	Payee name		
9/26/14	KTMV		
Amount (\$)	Payee address; City; State; Zip Code		
400.00	2209 NORTH PADRE ISLAND DR., SUITE	# V CORPUS	CHRISTIi, TX 78408
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	ADVERTISING EXPENSE	LOGO AD	VERTISING
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sough	ot Office held
Date	Payee name		
9/25/14	CORPUS CHRISTI CALLER TIMES		
Amount (\$)	Payee address; City; State; Zip Code	17.000	
1,481.48	MESQUITE ST. CORPUS CHRISTI, TX 784	101	
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	ADVERTISING EXPENSE	ADVERTIS	SING
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sough	t Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF	Candidate / Officeholder name	Description Office sough	