# 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 # SIRPE COMPANDED   2 Total pages filed:  3 CANDIDATE / OFFICE HOLDER NAME  4 CANDIDATE / OFFICE HOLDER NAME  4 CANDIDATE / OFFICE HOLDER NAME  5 CANDIDATE / OFFICE HOLDER NAME  5 CANDIDATE / OFFICE HOLDER NAME  6 CANDIDATE / OFFICE HOLDER NAME  7 CANDIDATE / OFFICE HOLDER NAME  8 CANDIDATE / OFFICE HOLDER NAME  8 CANDIDATE / OFFICE HOLDER NAME  8 CANDIDATE / OFFICE HOLDER NAME  9 CANDIDATE / OFFICE HOLDER NAME  1				
OFFICEHOLDER NAME  NORMALE LAST SUFFIX BARRERA  4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS /FORDX AFT/SUITER, OTY, STATE: 2P-CODE ADDRESS /FORDX AFT/SUITER ADDRESS /FOR	The C/OH Instruction	Guide explains how to complete this form.		2 Total pages filed:
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NICROMANE BARRERA  CANDIDATE / OFFICE HOLDER ADDRESS / POBOX. APT/SUITE#; CITY; STATE; ZIP CODE MAILING ADDRESS Change of address  CANDIDATE / OFFICE HOLDER P.O. BOX 1872 CORPUS CHRISTI, TX 78403  CANDIDATE / OFFICE HOLDER PHONE NUMBER CAMPAIGN TREASURER NAME  CAMPAIGN TREASURER ADDRESS (NO RO BOX PLEASE); APT/SUITE#; CITY; STATE; ZIP CODE  CAMPAIGN TREASURER ADDRESS (NO RO BOX PLEASE); APT/SUITE#; CITY; STATE CONGORIA  STREET ADDRESS (NO RO BOX PLEASE); APT/SUITE#; CITY; STATE CONGORIA  STREET ADDRESS (NO RO BOX PLEASE); APT/SUITE#; CITY; STATE CONGORIA  STREET ADDRESS (NO RO BOX PLEASE); APT/SUITE#; CITY; STATE CONGORIA  STREET ADDRESS (NO RO BOX PLEASE); APT/SUITE#; CITY; STATE CONGORIA  STREET ADDRESS (NO RO BOX PLEASE); APT/SUITE#; CITY; STATE CONGORIA  STREET ADDRESS (NO RO BOX PLEASE); APT/SUITE#; CITY; STATE CONGORIA  STREET ADDRESS (NO RO BOX PLEASE); APT/SUITE#; CITY; STATE CONGORIA  STREET ADDRESS (NO RO BOX PLEASE); APT/SUITE#; CITY; STATE CONGORIA  STREET ADDRESS (NO RO BOX PLEASE); APT/SUITE#; CITY; STATE CONGORIA  STREET ADDRESS (NO RO BOX PLEASE); APT/SUITE#; CITY; STATE CONGORIA  STREET ADDRESS (NO RO BOX PLEASE); APT/SUITE#; CITY; STATE CONGORIA  STREET ADDRESS (NO RO BOX PLEASE); APT/SUITE#; CITY; STATE CONGORIA  STREET ADDRESS (NO RO BOX PLEASE); APT/SUITE#; CITY; STATE CONGORIA  STREET ADDRESS (NO RO BOX PLEASE); APT/SUITE#; CITY; STATE CONGORIA  STREET ADDRESS (NO RO BOX PLEASE); APT/SUITE#; CITY; STATE CONGORIA  STREET ADDRESS (NO RO BOX PLEASE); APT/SUITE#; CITY; STATE CONGORIA  STATE		DIANA		FILED FOR RECORD
A CANDIDATE / OFFICEHOLDER MAILING ADDRESS /POBDX: APT/SUITE#; CITY; STATE; ZIP CODE  P.O. BOX 1872 CORPUS CHRISTI, TX 78403    change of address   PHONE NUMBER   EXTENSION   Date Processed   D	NAME	NICKNAME LAST		Date Received M
OFFICEHOLDER MAILING ADDRESS    change of address   CANDIDATE/ OFFICEHOLDER PHONE   AREA CODE	=	BARRERA		OCT 2 7 2014
MALLING ADDRESS  change of address  AREA CODE change of address  The CANDIDATE of FICEHOLDER phone for FICEHOLDER phone for FICEHOLDER phone for TREASURER NAME  TREASURER ADDRESS (residence or business)  RECEPT II  January 15  January	4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE#; CITY;	STATE; ZIP CODE	
change of address  CANDIDATE/ OFFICEHOLDER PHONE  CAMPAIGN TREASURER NAME  MS. MS. BETTY  LONGORIA  7 CAMPAIGN TREASURER NAME  TREASURER ADDRESS (residence or business)  AREA CODE PHONE NUMBER  EXTENSION  Date Imaged  Date Ima	MAILING	P.O. BOX 1872 CORPUS CHRISTI, TX	78403	County Toyon
S CAMPAIGN TREASURER ADDRESS (NO PO BOX PLEASE); APT / SUTENSION  8 CAMPAIGN TREASURER ADDRESS (NO PO BOX PLEASE); APT / SUTENSION  9 REPORT TYPE  10 PERIOD  10 PERIOD  11 ELECTION  12 Second  13 Sinch Area  14 CODE  15 PHONE NUMBER  15 PRIST  15 MI  15 Date Processed  16 Date Processed  17 Date Processed  18 Date Imaged  18 Date Imaged  19 Date Imaged  10 Date Imaged  11 Date Imaged  10 Date Imaged  11 Date Imaged  11 Date Imaged  12 Date Imaged  12 Date Imaged  13 Date Imaged  14 Date Imaged  15 Date Imaged  16 Date Imaged  17 Date Imaged  16 Date Imaged  17 Date Imaged  17 Date Imaged  18 Date Imaged  18 Date Imaged  19 Date Imaged  10 Date Imaged  10 Date Imaged  10 Date Imaged  16 Date Imaged  17 Date Imaged  18 Date Imaged  18 Date Imaged  18 Date Imaged  19 Date Imaged  10 Date Im	Name and the second sec			3 -97
OFFICEHOLDER (361/) 815-3005  CAMPAIGN TREASURER NAME  MS. BETTY JEAN  NICKHAME  LAST SUFFIX  LONGORIA  7 CAMPAIGN TREASURER ADDRESS (NO PO BOX PLEASE): APT / SUITE#: CITY: STATE: ZIP CODE  8 CAMPAIGN TREASURER (361) 808-9401  8 CAMPAIGN TREASURER (361) 808-9401  9 REPORT TYPE  January 15  January 15  Stitt day before election Runoff Interest compaling treasurer appointment (office/bodie only)  July 15  Stitt day before election Exceeded \$500 Final report (Attach CIOH - FR)  10 PERIOD COVERED  Moorth Day Year THROUGH  11 ELECTION  Morth Day Year Phimary Runoff TROUGH Special  Special	5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Amount
TREASURER NAME  MS. BETTY JEAN  NICKNAME  LAST SUFFIX  LONGORIA  7 CAMPAIGN TREASURER ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY: STATE: ZIP CODE  4205 AARON COVE, CORPUS CHRISTI, TX 78413  8 CAMPAIGN TREASURER PHONE  AREA CODE PHONE NUMBER EXTENSION  9 REPORT TYPE  January 15  John day before election Runoff Infectional reasurer appointment (efficience or by)  July 15  Sth day before election Exceeded \$500 Final report (Attach C/OH - FR)  10 PERIOD COVERED  Month Day Year  O9 26 14  THROUGH  11 ELECTION  ELECTION DATE Day Year  11 4 14  Primary Runoff General Special	OFFICEHOLDER	8 8	EMEROION	Date Processed
NAME  NICKNAME  LAST  LONGORIA  7 CAMPAIGN  TREASURER ADDRESS (No PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE  4205 AARON COVE, CORPUS CHRISTI, TX 78413  8 CAMPAIGN  TREASURER PHONE  10 PERIOD COVERED  10 PERIOD COVERED  11 ELECTION DATE Month Day Vear 11 / 4 / 14  12 STREET ADDRESS (No PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE  AREA CODE PHONE NUMBER EXTENSION  EXTENSION    Stin day before election   Runoff   15th day after campaign treasurer appointment (officeholder only)	6 CAMPAIGN	MS/MRS/MR FIRST	MI	Date Imaged
T CAMPAIGN TREASURER ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY: STATE: ZIP CODE  4205 AARON COVE, CORPUS CHRISTI, TX 78413  8 CAMPAIGN TREASURER PHONE (361 ) 808-9401  9 REPORT TYPE		MS. BETTY	JEAN	
7 CAMPAIGN TREASURER ADDRESS (NO PO BOX PLEASE): APT / SUITE#; CITY: STATE; ZIP CODE  4205 AARON COVE, CORPUS CHRISTI, TX 78413  8 CAMPAIGN TREASURER PHONE NUMBER EXTENSION  9 REPORT TYPE	INAME	NICKNAME LAST	SUFFIX	
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ADDRESS (residence or business)  8 CAMPAIGN TREASURER PHONE NUMBER (361 ) 808-9401  9 REPORT TYPE		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE NUMBER ( 361 ) 808-9401  9 REPORT TYPE  January 15  30th day before election Runoff  15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)  10 PERIOD  Month Day Year  Month Day Year  Month Day Year  11   LECTION		4205 AARON COVE CORPUS CHRIST	TI TX 78413	
TREASURER PHONE  9 REPORT TYPE  January 15  30th day before election  Runoff  Exceeded \$500  Final report (Attach C/OH - FR)  10 PERIOD  COVERED  Month  Day  Year  11 ELECTION DATE  Day  Year  11 / 4 / 14  ELECTION TYPE  Primary  Runoff  Runoff  General  Special		,20071 11 10 11 20 11 11 10 11 11 10 11 11 10 11	11, 17, 10110	
TREASURER PHONE  9 REPORT TYPE  January 15  30th day before election  Runoff  Exceeded \$500  Final report (Attach C/OH - FR)  10 PERIOD  COVERED  Month  Day  Year  11 ELECTION DATE  Day  Year  11 / 4 / 14  ELECTION TYPE  Primary  Runoff  Runoff  General  Special				
TREASURER PHONE  9 REPORT TYPE  January 15  30th day before election  Runoff  Exceeded \$500  Final report (Attach C/OH - FR)  10 PERIOD  COVERED  Month  Day  Year  11 ELECTION DATE  Day  Year  11 / 4 / 14  ELECTION TYPE  Primary  Runoff  Runoff  General  Special				
PHONE  9 REPORT TYPE  January 15  30th day before election  Runoff  Runoff  15th day after campaign treasurer appointment (officeholder only)  July 15  8th day before election  Exceeded \$500  Final report (Attach C/OH - FR)  10 PERIOD  COVERED  Month  Day  Year  11 ELECTION DATE  Day  Year  11 / 4 / 14  ELECTION TYPE  Primary  Runoff  Runoff  General  Special	[ - 12 - 12 - 12 - 12 - 12 - 12 - 12 - 1		EXTENSION	
9 REPORT TYPE  January 15  Sth day before election  Lexceeded \$500  Final report (Attach C/OH - FR)  10 PERIOD  COVERED  Month  Day  Year  O9  26  14  THROUGH  THROUGH  10  ELECTION DATE  Day  Year  11  4  14  14  ELECTION TYPE  Runoff  Runoff  Runoff  Runoff  Runoff  Runoff  Runoff  Treasurer appointment (officerolder only)  Final report (Attach C/OH - FR)  Fi	TOTAL TO A CONTROL OF THE PROPERTY OF THE PROP	( 361 ) 808-9401		
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January 15	51			
January 15	9 REPORT TYPE			
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10 PERIOD				14 15 C 16 16 16 16 16 16 16 16 16 16 16 16 16
COVERED 09 / 26 / 14 THROUGH 10 / 25 / 14  11 ELECTION ELECTION DATE Day Year 11 / 4 / 14 ELECTION TYPE Runoff General Special		July 15 Sth day before election		Final report (Attach C/OH - FR)
COVERED 09 / 26 / 14 THROUGH 10 / 25 / 14  11 ELECTION ELECTION DATE Day Year 11 / 4 / 14 ELECTION TYPE Runoff General Special			ls.	
11 ELECTION   Control   C		Month Day Year	Month Day	Year
11 ELECTION  ELECTION DATE Month Day Year 11 / 4 / 14  ELECTION TYPE Primary Runoff  General Special	COVERED	09 / 26 / 14 THROUGH	10 / 25 /	<sup>7</sup> 14
Month Day Year Primary Runoff ✓ General Special			/ /	
Month Day Year Primary Runoff ✓ General Special	44.51.50.510.11	FLECTIONITYDE	100 m (100 m m m m m m m m m m m m m m m m m m	
11 / 4 / 14	11 ELECTION	Month Day Year -		
	*41		Runoff	General Special
12 OFFICE OFFICE HELD (if any)  13 OFFICE SOUGHT (if known)				
TO CHICLOSOFII (INICAT)	12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOLIGHT (if known)	
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2014-148

## **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15 ACC	COUNT # (Ethics Commission Filers)
46 NOTICE EDOM			
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY PO- HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RE-	OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	7	COMMITTEE ADDRESS	
	SPECIFIC		
		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages			
additional pages			
<		COMMITTEE CAMPAIGN TREASURER ADDRESS	
AT CONTENION IN CO		16"	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,450.00
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 6,117.20
CONTRIBUTION BALANCE	The state of the s	OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY DRTING PERIOD	\$ 185.83
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ 2,000.00
18 AFFIDAVIT	•		
Sugar		I swear, or affirm, under penalty of perjur is true and correct and includes all inform me under Title 15, Election Code.	
-51		XX luna 10 a	
3107/10	7 2 50	Signature of Candidate	or Officeholder
AFFIX NOTARY STAN	IP / SEAL ABOVE	10	A
Sworn to and sub	scribed/before	me, by the said Wara Barrera	, this the
244	of Utabe		
1) 111	19	, a doing miles, wares my he	A . 1 a
Signature of officer adm	1 / mm	Schelle A. Linan /	Leputy Cleak
Signature of officer adm	materingroatri	Printed name of officer administering oath T	itle of officer administering oath

# 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 / OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
NAME	DIANA		Date Received
	NICKNAME LAST	SUFFIX	
	BARRERA		
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	
MAILING ADDRESS	P.O. BOX 1872 CORPUS CHRISTI, TX	78403	Date Hand-delivered or Postmarked
change of address			Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER	EXTENSION	Date Processed
PHONE	( 361/ ) 815-3005		
6 CAMPAIGN	MS/MRS/MR FIRST	MI	Date Imaged
TREASURER NAME	MS. BETTY	JEAN	
	NICKNAME LAST LONGORIA	SUFFIX	
	LONGORIA		
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE
TREASURER ADDRESS	4205 AARON COVE, CORPUS CHRIST	ΓΙ, TX 78413	
(residence or business)			
		71 E-27 N. 65 W. 65 W. 6 W. 6 W. 6 W. 6 W. 6 W. 6	
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION	
PHONE	( 361 ) 808-9401		
9 REPORT TYPE	200 miles		
J KEI OKI TITE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 Sth day before election	Exceeded \$500	Final report (Attach C/OH - FR)
		limit	
10 PERIOD	Month Day Year	Month Day	Year
COVERED	09 / 26 / 14 THROUGH	10 / 25 /	<sup>/</sup> 14
11 ELECTION	ELECTION DATE ELECTION TYPE		
	Month Day Year Primary	Runoff √	General Special
2	11 / 4 / 14		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	COUNTY CLERK		
	GOTOPAG	GE2	

## 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#:	1	7 Amount of	8 In-kind contribution
	SANDRA ALVAREZ		contribution (\$)	description (if applicable)
10/01/14		****	100.00	<u> </u>
11	6 Contributor address; City; State; Zip Code			ſ
	5606 LEUCESTER, CORPUS CHRISTI, T	X 78414		
- CONTRACTOR OF THE CONTRACTOR			(If travel outside	of Texas, complete Schedule T)
9 Principal occup CONSULTA	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor  ut-of-state PAC (ID#:_		Amount of	In-kind contribution
10/6/14	TERUMI G. FAUSTO		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		300.00	
	207 CIRCLE HVN. CANYON LAKE, TX 78	133		ľ
	207 SINGLE TIVIN. SANTON LANE, 1X 70	100		
Principal occur	pation / Job title (See Instructions)	Employer (See	A THE RESERVE THE PARTY OF THE	of Texas, complete Schedule T)
RETIRED	The state of the s			
Date	Full name of contributor  ut-of-state PAC (ID#		Amount of	In-kind contribution
10/13/14	A&1 BONDING		contribution (\$)	description (if applicable)
10/10/17	Contributor address; City; State; Zip Code		250.00	· ·
	423 WACO ST., CORPUS CHRISTI, TX 78	8401		
	420 WAGO GT., GOILEGO GTINIGTI, TA 76	0 <del>7</del> 0 I	0.51.	
Principal occur	pation / Job title (See Instructions)	Employer (See	<del></del>	of Texas, complete Schedule T)
BONDSMA	The state of the s			
Date	Full name of contributor   out-of-state PAC (ID#:_	)	Amount of	In-kind contribution
10/15/14	ALEX HARRIS		contribution (\$)	description (if applicable)
tomotome & B	Contributor address; City; State; Zip Code		300.00	
	2429 LIIOUWAY 296 CORRUS CURIST	TV 70445	п	1
	2138 HIGHWAY 286, CORPUS CHRISTI,	IX /8415	82	L in the second
Principal occui	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
BUILDER	and the second s		e e e e e e e e e e e e e e e e e e e	#6% m
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution
10/20/14	TONY BONILLA		contribution (\$)	description (if applicable)
Market Hand & M	Contributor address; City; State; Zip Code		300.00	
	2727 MORGAN AVE., CORPUS CHRISTI	, TX 78405		1
	II	Victorial Contraction Contraction	1000 N 2000	
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
ATTORNE	- Section 1	,, (355		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

## POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

#### SCHEDULE A

				2002 200
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	nedule A:
2 FILER NAME DIANA BAR	RERA		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date 10/20/14	5 Full name of contributorout-of-state PAC (ID#:  D. CONOLY  6 Contributor address; City; State; Zip Code	* * * * * * * * * * *	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
	1930 GLENOAK DR., CORPUS CHRISTI,	TX 78418		
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See		of Texas, complete Schedule T)
Date 10/20/14	Full name of contributor  out-of-state PAC (ID#_ THEODORE ANDERSON Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
	519 EVERHART, CORPUS CHRISTI, TX	A 40 00 00 00	N School	     of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions) Y AT LAW	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID# Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
			(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	v.
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Es.	Contributor address; City; State; Zip Code		(If travel outside	of Toyon complete Calculute TV
Principal occu	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Sity, State, Zip oode		(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Name and Charles and the	the second secon

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

LOANS				SCHEDULE E
The	Instruction Guide explains how to comp	lete this form.	1 Total page	es Schedule E:
2 FILER NAME DIANA BARREF	RA		3 ACCOUN	T # (Ethics Commission Filers)
<b>4</b> TOTA	L OF UNITEMIZED LOANS:	\$ \$ \$ \$ \$ \$	<b>⇒</b>	\$ 2,000.00
5 Date of loan 10/16/14	7 Name of lender [DIANA BARRERA (SELF)	out-of-state PAC (ID#:	)	9 Loan Amount (\$) 2,000.00
6 Is lender a financial Institution?	8 Lender address; City; State; 11621 HONDO CREEK, CORPUS	Zip Code S CHRISTI, TX 78410		10 Interest rate
Y N		1 Y		11 Maturity date
12 Principal occupation SELF	on / Job title (See Instructions)	13 Employer (See Instructions)		
14 Description of Coll	ateral	15 Check if personal funds were	deposited i	into political account
16 GUARANTOR INFORMATION	17 Name of guarantor	1	•	19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code		
20 Principal Occupat	l ion (See Instructions)	21 Employer (See Instructions)		nesticus de la Companya de la Compa El Companya de la Companya de
Date of loan	Name of lender	out-of-state PAC (ID#:		Loan Amount (\$)
Is lender a financial	Lender address; City; State;	Zip Code		Interest rate
Institution?	e g			Maturity date
Principal occupat	ion / Job title (See Instructions)	Employer (See Instructions)		1
Description of Coll	ateral	Check if personal funds were	deposited i	nto political account
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code		
Principal Occupa	tion (See Instructions)	Employer (See Instructions)		
If len	ATTACH ADDITIONAL COP	PIES OF THIS SCHEDULE AS NEI truction guide for additional rep		uirements.

#### **POLITICAL EXPENDITURES**

#### SCHEDULE F

<b>EXPENDITURE</b>	CATEGORIES	FOR	BOX 8(a	1)
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Advertising Expense Accounting/Banking Consulting Expense Event Expense

Fees

Gift/Awards/Memorials Expense Legal Services

Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

The Instruction Guide explains how to d	complete this form.	
2 FILER NAME DIANA BARRERA		3 ACCOUNT # (Ethics Commission Filers)
5 Payee name ALLIED ADVERTISING		
7 Payee address; City; State; Zip Code		
3700 BLANCO RD., SAN ANTONIO, TX 782	112	
(a) Category (See categories listed at the top of this schedule)	(b) Description (If trave	I outside of Texas, complete Schedule T)
PRINTING EXPENSE	CAMPAIGN SIG	GNS
Candidate / Officeholder name DH	Office sought	Office held
Payee name		4,000
KIIITV		
Payee address; City; State; Zip Code		
SPID, Corpus Christi, TX 784		
Category (See categories listed at the top of this schedule)	Description (If trave	outside of Texas, complete Schedule T)
OTHER	TV COMMERC	IAL
Candidate / Officeholder name	Office sought	Office held
Payee name		
CORPUS CHRISTI CALLER TIMES		
Payee address; City; State; Zip Code		
820 N. Lower Broadway, Corpus Christi, TX	78401	
Category (See categories listed at the top of this schedule)	Description (If trave	l outside of Texas, complete Schedule T)
ADVERTISING EXPENSE	ADS	
Candidate / Officeholder name	Office sought	Office held
Payee name		out about the state of the stat
ENTRAVISION		
Payee address; City; State; Zip Code	2000-100-100 (Million 1990-1990)	
102 N Mesquite St, Corpus Christi, TX 78401	ſ	
Category (See categories listed at the top of this schedule)	Description (If trave	l outside of Texas, complete Schedule T)
ADVERTISING EXPENSE	SPANISH AD	
	2 FILER NAME DIANA BARRERA  5 Payee name ALLIED ADVERTISING  7 Payee address; City; State; Zip Code 3700 BLANCO RD., SAN ANTONIO, TX 782  (a) Category (See categories listed at the top of this schedule) PRINTING EXPENSE  Candidate / Officeholder name  H  Payee name KIIITV  Payee address; City; State; Zip Code SPID, Corpus Christi, TX 784  Category (See categories listed at the top of this schedule) OTHER  Candidate / Officeholder name  Payee name CORPUS CHRISTI CALLER TIMES Payee address; City; State; Zip Code 820 N. Lower Broadway, Corpus Christi, TX  Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE  Candidate / Officeholder name  Payee name ENTRAVISION Payee address; City; State; Zip Code 102 N Mesquite St, Corpus Christi, TX 7840	DIANA BARRERA  5 Payee name     ALLIED ADVERTISING  7 Payee address;

#### POLITICAL EXPENDITURES

#### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gift/Awards/Memorials Expense Legal Services

Food/Beverage Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

	The Instruction Guide explains how to	complete this form.	
Total pages Schedule F:	2 FILER NAME DIANA BARRERA	3	ACCOUNT # (Ethics Commission Filers)
Date 10/21/14	5 Payee name CLEAR CHANNEL		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
1,068.00	501 TUPPER LANE Corpus Christi, TX 784	17	
PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel	outside of Texas, complete Schedule T)
OF EXPENDITURE	ADVERTISING EXPENSE	RADIO AD - 93.	9
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
10/20/14	THOMAS HOLBEIN		
Amount (\$)	Payee address; City; State; Zip Code	10 - 14 - 14 - 14 - 14 - 14 - 14 - 14 -	THE CONTRACTOR OF THE CONTRACT
250.00			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel	outside of Texas, complete Schedule T)
OF EXPENDITURE	ADVERTISING EXPENSE	NEWS AD-SOUTH TEXAS VOICE	
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
10/22/14	MELISSA YBANEZ		
Amount (\$)	Payee address; City; State; Zip Code	- Contract	
310.00	346 INDIANA AVE., CORPUS CHRISTI TX	78404	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF		T-SHIRT PRINTING	
EXPENDITURE	PRINTING EXPENSE	T-SHIRT PRINT	ING
	Candidate / Officeholder name	T-SHIRT PRINT Office sought	Office held
EXPENDITURE  Complete ONLY if direct	Candidate / Officeholder name		
EXPENDITURE  Complete ONLY if direct expenditure to benefit C/6	Candidate / Officeholder name DH	Office sought	
EXPENDITURE  Complete ONLY if direct expenditure to benefit C/0  Date	Candidate / Officeholder name DH Payee name	Office sought	
EXPENDITURE  Complete ONLY if direct expenditure to benefit C/s  Date  10/18/14  Amount (\$)	Candidate / Officeholder name  DH  Payee name  NUECES COUNTY DEMOCRATIC PARTY	Office sought	
EXPENDITURE  Complete ONLY if direct expenditure to benefit C/n  Date 10/18/14  Amount (\$)  500.00	Candidate / Officeholder name  DH  Payee name  NUECES COUNTY DEMOCRATIC PARTY	Office sought	
EXPENDITURE  Complete ONLY if direct expenditure to benefit C/s  Date  10/18/14  Amount (\$)  500.00	Candidate / Officeholder name  DH  Payee name  NUECES COUNTY DEMOCRATIC PARTY  Payee address; City; State; Zip Code	Office sought	Office held