

# 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 NAME	MS / MRS / MR FIRST DIANA NICKNAME LAST BARRERA SUFFIX	MI	<b>OFFICE USE ONLY</b> <b>FILED FOR RECORD</b> Date Received <b>AT</b> <b>M</b> <b>OCT 27 2014</b> DIANA T. BARRERA Clerk, County Court, Matagorda County, Texas Date Hand-Delivered or Postmarked By <i>[Signature]</i> Deputy Receipt #                      Amount Date Processed Date Imaged
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE P.O. BOX 1872 CORPUS CHRISTI, TX 78403		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE    PHONE NUMBER    EXTENSION ( 361 / )    815-3005		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST BETTY NICKNAME LAST LONGORIA SUFFIX	MI JEAN	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET 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 ( 361 )    808-9401		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month    Day    Year                            Month    Day    Year 09 / 26 / 14                            THROUGH                            10 / 25 / 14		
11 ELECTION	ELECTION DATE Month    Day    Year 11 / 4 / 14	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	

GO TO PAGE 2

# 2014-148

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

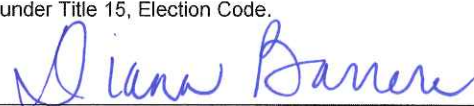
<b>14 C/OH NAME</b>	<b>15 ACCOUNT #</b> (Ethics Commission Filers)
---------------------	--


<b>16 NOTICE FROM POLITICAL COMMITTEE(S)</b>	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.		
<input type="checkbox"/> additional pages	<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
	COMMITTEE ADDRESS		
	COMMITTEE CAMPAIGN TREASURER NAME		
	COMMITTEE CAMPAIGN TREASURER ADDRESS		

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,450.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,117.20
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 185.83
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,000.00

**18 AFFIDAVIT**

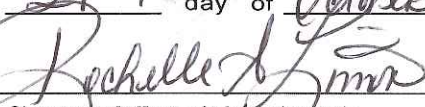

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Diana Barrera, this the 24th day of October, 2014, to certify which, witness my hand and seal of office.

 Signature of officer administering oath	Rochelle A. Limon Printed name of officer administering oath	 Title 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.		<b>1</b> ACCOUNT # (Ethics Commission Filers)	<b>2</b> Total pages filed:		
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	<b>OFFICE USE ONLY</b>	
	NICKNAME	LAST	SUFFIX		
DIANA					
BARRERA					
P.O. BOX 1872 CORPUS CHRISTI, TX 78403					
<input type="checkbox"/> change of address					
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Date Received	
MS.		BETTY	JEAN	Date Hand-delivered or Postmarked	
NICKNAME		LAST	SUFFIX	Receipt #	Amount
LONGORIA		Date Processed			Date Imaged
<b>7</b> CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE				
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
<b>9</b> REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)				
<b>10</b> PERIOD COVERED	Month	Day	Year	THROUGH	Month / Day / Year
<b>11</b> ELECTION	Month	ELECTION DATE	Year	ELECTION TYPE	
09 / 26 / 14		10 / 25 / 14		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12</b> OFFICE	OFFICE HELD (if any)		<b>13</b> OFFICE SOUGHT (if known)		
COUNTY CLERK					
<b>GO TO PAGE 2</b>					

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME DIANA BARRERA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/01/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SANDRA ALVAREZ 6 Contributor address; City; State; Zip Code 5606 LEUCESTER, CORPUS CHRISTI, TX 78414	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) CONSULTANT		10 Employer (See Instructions)	
Date 10/6/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TERUMI G. FAUSTO Contributor address; City; State; Zip Code 207 CIRCLE HVN. CANYON LAKE, TX 78133	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)	
Date 10/13/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) A&1 BONDING Contributor address; City; State; Zip Code 423 WACO ST., CORPUS CHRISTI, TX 78401	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) BONDSMAN		Employer (See Instructions)	
Date 10/15/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALEX HARRIS Contributor address; City; State; Zip Code 2138 HIGHWAY 286, CORPUS CHRISTI, TX 78415	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) BUILDER		Employer (See Instructions)	
Date 10/20/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TONY BONILLA Contributor address; City; State; Zip Code 2727 MORGAN AVE., CORPUS CHRISTI, TX 78405	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions)	
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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 FILER NAME DIANA BARRERA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/20/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) D. CONOLY 6 Contributor address; City; State; Zip Code 1930 GLENOAK DR., CORPUS CHRISTI, TX 78418	7 Amount of contribution (\$) 100.00  (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) ATTORNEY		10 Employer (See Instructions)	
Date 10/20/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THEODORE ANDERSON Contributor address; City; State; Zip Code 519 EVERHART, CORPUS CHRISTI, TX 78411	Amount of contribution (\$) 100.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) ATTORNEY AT LAW		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

**LOANS**

**SCHEDULE E**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E:
<b>2</b> FILER NAME DIANA BARRERA		<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒		<b>\$ 2,000.00</b>
<b>5</b> Date of loan 10/16/14	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DIANA BARRERA (SELF)	<b>9</b> Loan Amount (\$) 2,000.00
<b>6</b> Is lender a financial institution?  Y    N	<b>8</b> Lender address;   City;   State;   Zip Code  11621 HONDO CREEK, CORPUS CHRISTI, TX 78410	<b>10</b> Interest rate
		<b>11</b> Maturity date
<b>12</b> Principal occupation / Job title (See Instructions) SELF		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral <input type="checkbox"/> none		<b>15</b> Check if personal funds were deposited into political account <input type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address;           City;   State;   Zip Code	
<b>20</b> Principal Occupation (See Instructions)		<b>21</b> Employer (See Instructions)
<b>Date of loan</b>	<b>Name of lender</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ )	<b>Loan Amount (\$)</b>
<b>Is lender a financial institution?</b>  Y    N	<b>Lender address;   City;   State;   Zip Code</b>	<b>Interest rate</b>
		<b>Maturity date</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Description of Collateral</b> <input type="checkbox"/> none		<b>Check if personal funds were deposited into political account</b> <input type="checkbox"/>
<b>GUARANTOR INFORMATION</b>  <input type="checkbox"/> not applicable	<b>Name of guarantor</b>	<b>Amount Guaranteed (\$)</b>
	<b>Guarantor address;           City;   State;   Zip Code</b>	
<b>Principal Occupation (See Instructions)</b>		<b>Employer (See Instructions)</b>

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

# 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.

<b>1</b> Total pages Schedule F: <i>1 of 2</i>	<b>2</b> FILER NAME DIANA BARRERA	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 10/2/14	<b>5</b> Payee name ALLIED ADVERTISING	
<b>6</b> Amount (\$) 1,013.45	<b>7</b> Payee address; City; State; Zip Code 3700 BLANCO RD., SAN ANTONIO, TX 78212	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) PRINTING EXPENSE	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) CAMPAIGN SIGNS
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought                      Office held
Date 10/15/14	Payee name KIITV	
Amount (\$) 1,428.00	Payee address; City; State; Zip Code SPID, Corpus Christi, TX 784	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) OTHER	Description (If travel outside of Texas, complete Schedule T) TV COMMERCIAL
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought                      Office held
Date 10/15/14	Payee name CORPUS CHRISTI CALLER TIMES	
Amount (\$) 468.75	Payee address; City; State; Zip Code 820 N. Lower Broadway, Corpus Christi, TX 78401	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) ADS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought                      Office held
Date 10/15/14	Payee name ENTRAVISION	
Amount (\$) 1,079.00	Payee address; City; State; Zip Code 102 N Mesquite St, Corpus Christi, TX 78401	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) SPANISH AD
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.

<b>1</b> Total pages Schedule F: <i>2 of 2</i>	<b>2</b> FILER NAME DIANA BARRERA	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 10/21/14	<b>5</b> Payee name CLEAR CHANNEL	
<b>6</b> Amount (\$) 1,068.00	<b>7</b> Payee address; City; State; Zip Code 501 TUPPER LANE Corpus Christi, TX 78417	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) RADIO AD - 93.9
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought                      Office held
Date 10/20/14	Payee name THOMAS HOLBEIN	
Amount (\$) 250.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) NEWS AD-SOUTH TEXAS VOICE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought                      Office held
Date 10/22/14	Payee name MELISSA YBANEZ	
Amount (\$) 310.00	Payee address; City; State; Zip Code 346 INDIANA AVE., CORPUS CHRISTI TX 78404	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) T-SHIRT PRINTING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought                      Office held
Date 10/18/14	Payee name NUECES COUNTY DEMOCRATIC PARTY	
Amount (\$) 500.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OTHER	Description (If travel outside of Texas, complete Schedule T) GOTV
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