CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instructio	n Guide explains how to	complete this form.	1. Filer ID (Ethics Commis	sion Filers)	2. Total pages fi	iled:
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR	FIRST Barbara LAST		MI	OFFICE US Date Received FILED FO	R RECORD
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS /PO BOX:	Canales APT/SUITE # CITY Corpus C	' STATE:	ZIP CODE 78401		5 2020 SANDS BANGE POSCHIANZATEN DEPO
5 CANDIDATE/ OFFICEHOLDER PHONE		ONE NUMBER	EXTENSIO	N	Receipt#	Amount \$
6 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST Scott LAST Humpel		MI	Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO E	BOX PLEASE): APT/SUITE	# CITY Corpus Chris	STATE: sti TX	ZIP CODE 78401	
8 CAMPAIGN TREASURER PHONE	AREA CODE (210) 633-	PHONE NUMBER 7369	EXTENSIO	N		V
9 REPORT TYPE	January 15 July 15	30th day before election	onEx	noff ceeded Modified porting limit	appointment (c	campaign tresurer officeholder only) ttach- COH-FR)
10 PERIOD COVERED	01/01/2020		IROUGH	Month	Day Year 06/30/2020	
11 ELECTION	ELECTION DATE Month Day 03/03/2020	Year ELECTIO ✓ Prima ☐ Gene	iry f	Runoff (Other	
12 OFFICE	OFFICE HELD (if any)		1	3 OFFICE SOUGH Other Office	tT (if known) :: County Judge	
		GO TO PA	AGE 2	202	0-0108	

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)	SUPPORT THE CANDIDATE / OF	DLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES FICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHO NDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS IN	UT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		D POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOAN OF LOANS OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$0.00
	2 TOTAL POLITICAL (OTHER THAN PLE	CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$8,400.00
EXPENDITURE TOTALS	3 TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$0.00
	4 TOTAL POLITICAL	EXPENDITURES	\$31,778.88
CONTRIBUTION BALANCE	5 TOTAL POLITICAL OF REPORTING PE	CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY PRIOD	\$25,702.39
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD	\$0.00
AFFIX NOTARY S Sworn to and subscr		is true and correct and includes all informe under Title 15, Election Code. Signature of Candi Barbara Canales to certify which, witness my hand and seal of office.	formation required to be reported by idate or Officeholder , this the
Signature of officer adr		<u> </u>	of officer administering oath

SUBTOTALS - COH

FORM C/OH COVER SHEET PG 3

19.	FILER NAME Barbara Canales	20. FILER ID (Et	hics Commission Filers)
21.	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTALS AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$8,400.00
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	ITIONS	\$31,778.88
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$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 BUSINESS OF C/OH		\$0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTR	\$0.00	
12.	2. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS AND CONTRIBUTIONS RETURNED TO FILER		\$0.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The In	struction Guide explains how to complete this form.	Total pages Schedule A1: not available
FILER NAME Barbara Canale	es .	3. Filer ID (Ethics Commission Filers)
4. Date	Full name of contributorout-of-state PAC	7. Amount of contribution (\$)
01/21/2020	GTC, Special	\$2,500.00
	6. Contributor address; City; State; ZIP Co	ode
	PO Box 650 Premont, TX 78375-0650	
8. Principal occu	upation / Job title (See Instructions) 9 E	imployer (See Instructions)
4. Date	5. Full name of contributorout-of-state PAC	7. Amount of contribution (\$)
01/31/2020	Mike East	\$2,000.00
	6. Contributor address; City; State; ZIP Co	ode
	PO Box 69 Sarita, TX 78385-0069	
8. Principal occu Rancher	upation / Job title (See Instructions) 9 E	Employer (See Instructions) Self Employed
4. Date	Full name of contributorout-of-state PAC	7. Amount of contribution (\$)
03/12/2020	Judy Herndon	\$150.00
	6. Contributor address; City; State; ZIP C	ode
	7001 Bevington Dr Corpus Christi, TX 78413-5318	
8. Principal occu Self Emplye		Employer (See Instructions) Self Employed
4. Date	Full name of contributorout-of-state PAC	7. Amount of contribution (\$)
03/12/2020	Enrique Martinez Davila	\$2,500.00
	6. Contributor address; City; State; ZIP C	ode
	5424 W US Highway 90 San Antonio, TX 78227-4219	
8. Principal occu Self employ		Employer (See Instructions) Self employed
4. Date	Full name of contributorout-of-state PAC	7. Amount of contribution (\$)
04/16/2020	June Deadrick	\$250.00
	6. Contributor address; City; State; ZIP C	ode
	1701 Hermann Dr Unit 2806 Houston, TX 77004-7369	
8. Principal occu		Employer (See Instructions) Center Point Energy
Government	Relations	Contol I out Energy

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The In	struction Guide explains how to complete this form.	Total pages Schedule A1: not available
2. FILER NAME Barbara Canale	s	3. Filer ID (Ethics Commission Filers)
4. Date	Full name of contributorout-of-state PAC	7. Amount of contribution (\$)
05/10/2020	Murali Suddala	\$1,000.00
	6. Contributor address; City; State; ZIP Code	
	311 Montrose Dr McDonough, GA 30253-4257	
8. Principal occu	pation / Job title (See Instructions) 9 Empl	oyer (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.

	EXPENDIT	JRE CATEGORIES F	OR BOX 8	(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Fees Food/Beverage Expense Food/Beverage Expense Food/Memorials Expe	Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contrac e explains how to con	t Labor	Solicitation/Fundraising Expense Transportation Equipment & Rela Expense Travel In District Travel Out of District Other (enter a category not listed form.	
1. Total pages Schedule F1:	2. FILER NAME		3. File	er ID (Ethics Commission Filer	rs)
	Barbara Canales				
4 Date 01/03/2020	5 Payee name Answer Anytime Answering Ser	rvice			
6 Amount	7 Payee address;	City;	State:	Zip Code	
\$69.23	1345 Crescent Dr Corpus Christ	*.* 			
8	(a) Category (See categories listed a	at the top of this schedule)	(b) Descrip	otion	
PURPOSE OF	Office Overhead/Rental Expense				
EXPENDITURE	Check if travel outside of Texas, com	nplete Schedule T	Check	c if Austin, TX, officeholder living expens	e
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	(Office sough	t Office held	
4 Date	5 Payee name				
01/03/2020	DC Invitation				
6 Amount \$700.00	7 Payee address; Corpus Christi, TX	City;	State:	Zip Code	
8 PURPOSE OF	(a) Category (See categories listed a Event Expense	at the top of this schedule)	(b) Descrip	otion	
EXPENDITURE	Check if travel outside of Texas, con	nplete Schedule T	Check	k if Austin, TX, officeholder living expens	se
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough		
4 Date	5 Payee name				
01/03/2020	IBC Bank				
6 Amount \$63.30	7 Payee address; 221 S Shoreline Blvd Corpus Cl	City; hristi, TX 78401-2833	State:	Zip Code	1
8 PURPOSE OF	(a) Category (See categories listed a	at the top of this schedule)	(b) Descrip	ption	
EXPENDITURE	Check if travel outside of Texas, con	nplete Schedule T	Chec	k if Austin, TX, officeholder living expens	se
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	t Office held	
	ATTACH ADDITIONAL COP	IES OF THIS SCHE	EDULE AS	NEEDED	

	EXPENDIT	URE CATEGORIES I	FOR BOX 8	3(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guid	Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contract	et 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. File	er ID (Ethics Commission Filers)
	Barbara Canales			
4 Date	5 Payee name			
01/06/2020	Dropbox		140	1
6 Amount \$12.78	7 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) Descrip	ption
PURPOSE OF	Office Overhead/Rental Expense			
EXPENDITURE				
0.0	Check if travel outside of Texas, co			k 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			
01/06/2020	Facebook			
6 Amount	7 Payee address;	City;	State:	Zip Code
\$25.00	1 Hacker Way Menlo Park, CA	94025-1456		
8 PURPOSE OF	(a) Category (See categories listed Advertising Expense	at the top of this schedule)	(b) Descrip	ption
EXPENDITURE	Charle if the real custoids of Toyon on	maleta Sabadula T	Chast	k # Austin TV officeholder living synance
9 Complete ONLY if direct	Candidate/Officeholder name		Office sough	k if Austin, TX, officeholder living expense
expenditure to benefit C/OH	Candidate/Officeholder name			diffice field
4 Date	5 Payee name			
01/07/2020	Facebook			
6 Amount \$25.00	7 Payee address; 1 Hacker Way Menlo Park, CA	City; . 94025-1456	State:	Zip Code
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descri	ption
PURPOSE OF	Advertising Expense	at the top of this scriedule)		
EXPENDITURE	Check if travel outside of Texas, co	mplete Schedule T	Chec	k 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 COR	PIES OF THIS SCH	EDULE AS	NEEDED

	EXPENDIT	URE CATEGORIES	FOR BOX 8	B(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guid	Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contract	ct 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. File	er ID (Ethics Commission Filers)
	Barbara Canales			
4 Date	5 Payee name			
01/08/2020	Facebook			
6 Amount \$25.00	7 Payee address; 1 Hacker Way Menlo Park, CA	City; . 94025-1456	State:	Zip Code
8 PURPOSE OF	(a) Category (See categories listed Advertising Expense	at the top of this schedule)	(b) Descrip	otion
EXPENDITURE	Check if travel outside of Texas, co	mplete Schedule T	Check	k if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	
4 Date	5 Payee name			
01/09/2020	Facebook			
6 Amount \$35.00	7 Payee address; 1 Hacker Way Menlo Park, CA	City; 4 94025-1456	State:	Zip Code
8 PURPOSE OF	(a) Category (See categories listed Advertising Expense	at the top of this schedule)	(b) Descrip	otion
EXPENDITURE	Check if travel outside of Texas, co	emplete Schedule T	Chec	k if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	
4 Date	5 Payee name			
01/10/2020	Facebook			
6 Amount \$50.00	7 Payee address; 1 Hacker Way Menlo Park, CA	City; 4 94025-1456	State:	Zip Code
8 PURPOSE OF	(a) Category (See categories listed Advertising Expense	at the top of this schedule)	(b) Descrip	ption
EXPENDITURE	Check if travel outside of Texas, co	emplete Schedule T	Chec	k 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 CO	PIES OF THIS SCHI	EDULE 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	Event Expense Office Overhead/Rental Fees Polling Expense Food/Beverage Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Legal Services The Instruction Guide explains how to core	t 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. File	er ID (Ethics Commission Filers)	
	Barbara Canales			
4 Date	5 Payee name			
01/10/2020	Miss Purdys Old Time Photos & Props			
6 Amount \$4,159.00	7 Payee address; City;	State:	Zip Code	
	Wimberley, TX			
8	(a) Category (See categories listed at the top of this schedule)	(b) Descrip	otion	
PURPOSE	Event Expense			
OF EXPENDITURE	2 tolk Disposite		***************************************	
	Check if travel outside of Texas, complete Schedule T		k 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			
01/13/2020	Jason McClain			
6 Amount \$962.50	7 Payee address; City;	State:	Zip Code	
	Lewis, CO 81327			
8	(a) Category (See categories listed at the top of this schedule)	(b) Descrip	otion	
PURPOSE OF	Event Expense			
EXPENDITURE	Check if travel outside of Texas, complete Schedule T	Check	k if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sough	t Office held	
4 Date	5 Payee name			
01/13/2020	Nueces County Star Record			
6 Amount	7 Payee address; City;	State:	Zip Code	
\$275.00	405 E Main St Alice, TX 78332-4968			
8 PURPOSE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Descrip	ption	
OF EXPENDITURE				
9 Complete ONLY if direct expenditure to benefit C/OH	Check if travel outside of Texas, complete Schedule T Candidate/Officeholder name	Office sough	k if Austin, TX, officeholder living expense t Office held	
	ATTACH ADDITIONAL COPIES OF THIS SCH	DULE AS	NEEDED	

	EVENIETIE	ATECODIEC 500 5	20/2/	
	EXPENDITURE	CATEGORIES FOR B	3OX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Fees Polling		Travel Out of District Other (enter a category n	t & Related
Total pages Schedule F1:	2. FILER NAME		3. Filer ID (Ethics Commissi	on Filers)
	Barbara Canales		2. The ID (Ethico Commissi	0111 11010)
4 Date				
	5 Payee name			
01/16/2020	Nueces County Junior Livestock Show		7.0	
6 Amount \$1,000.00	7 Payee address; City 710 E Main Ave Robstown, TX 78380		tate: Zip Cod	e
8	(a) Catagoni	(h) D		
PURPOSE	(a) Category (See categories listed at the to	p of this schedule) (D) De	escription	
OF	Contributions/Donations Made By Candidate/Officeholder/Political Committee			
EXPENDITURE	Check if travel outside of Texas, complete S	shodula T	Check if Austin, TX, officeholder living	
9 Complete ONLY if direct		Office s		e held
expenditure to benefit C/OH	Candidate/Officeholder name	Office s	sought	ze neid
4 Date	5 Payee name			
01/21/2020	Campaign Services LLC			
6 Amount	7 Payee address; City	r; St	tate: Zip Cod	е
\$1,689.25	7901 Cameron Rd Ste 3-378 Austin, T	X 78754-3880		
8	(a) Category (See categories listed at the to	n of this sehedule) (b) Do	escription	
PURPOSE	200 200 100	y of this schedule)	ood i paroi i	
OF EXPENDITURE	Consulting Expense			
EXPENDITURE	Check if travel outside of Texas, complete Se	chedule T	Check if Austin, TX, officeholder living	ig expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office s		e held
4 Date	5 Payee name			
01/24/2020	Nueces County Junior Livestock Show	7		
6 Amount	7 Payee address; City	r; Str	ate: Zip Cod	е .
\$1,000.00	710 E Main Ave Robstown, TX 78380	-3133		
8	(a) Category (See categories listed at the top	o of this schedule) (b) De	escription	
PURPOSE OF	Contributions/Donations Made By Candidate/Officeholder/Political Committee	, ,		
EXPENDITURE	Check if travel outside of Texas, complete So	chedule T	Check if Austin, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office s		e held
	ATTACH ADDITIONAL COPIES C	F THIS SCHEDULE	E AS NEEDED	

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Office Overhead/Rent Fees Polling Expense Printing Expense Salaries/Wages/Contr Legal Services The Instruction Guide explains how to c	Transportation Equipment & Related Expense act Labor Travel In District Travel Out of District Other (enter a category not listed above)		
Total pages Schedule F1:	2. FILER NAME Barbara Canales	3. Filer ID (Ethics Commission Filers)		
4 Date 01/30/2020	5 Payee name Deluxe Business Solutions			
6 Amount \$199.03	7 Payee address; City; 3680 Victoria St N Shoreview, MN 55126-2906	State: Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description		
Complete ONLY if direct expenditure to benefit C/OH	Check if travel outside of Texas, complete Schedule T Candidate/Officeholder name	Check if Austin, TX, officeholder living expense Office sought Office held		
4 Date 01/30/2020	5 Payee name La De Da Events			
6 Amount \$941.00	7 Payee address; City; 5233 I37 Corpus Christi, TX 78408	State: Zip Code		
PURPOSE OF	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description		
EXPENDITURE	Check if travel outside of Texas, complete Schedule T	Check 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 01/31/2020	5 Payee name IBC Bank			
6 Amount \$19.30	7 Payee address; City; 221 S Shoreline Blvd Corpus Christi, TX 78401-2833	State: Zip Code		
PURPOSE OF	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description		
9 Complete ONLY if direct	Check if travel outside of Texas, complete Schedule T	Check if Austin, TX, officeholder living expense Office sought Office held		
expenditure to benefit C/OH	odinardito/Oniocholder Harrie	- Inde Hold		
	ATTACH ADDITIONAL COPIES OF THIS SCH	EDULE 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	Event Expense Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contral Legal Services Contraction Guide explains how to contral Polling Expense Salaries/Wages/Contral Contral Polling Expense Salaries/Wages/Contral Contral C	ct Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) orm.	
1. Total pages Schedule F1:	2. FILER NAME	3. File	r ID (Ethics Commission Filers)	
	Barbara Canales			
4 Date	5 Payee name			
01/31/2020	Twins Media			
6 Amount \$300.00	7 Payee address; City; 4013 Devon Dr Corpus Christi, TX 78415-4844	State:	Zip Code	
8	(a) Category (See categories listed at the top of this schedule)	(b) Descrip	tion	
PURPOSE	Event Expense			
OF EXPENDITURE				
	Check if travel outside of Texas, complete Schedule T		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			
02/03/2020	IBC Bank			
6 Amount \$3.01	7 Payee address; City; 221 S Shoreline Blvd Corpus Christi, TX 78401-2833	State:	Zip Code	
PURPOSE OF	(a) Category (See categories listed at the top of this schedule) Fees	(b) Descrip	tion	
EXPENDITURE	Check if travel outside of Texas, complete Schedule T	Check	if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought		
4 Date	5 Payee name			
02/04/2020	Answer Anytime Answering Service			
6 Amount \$49.96	7 Payee address; City; 1345 Crescent Dr Corpus Christi, TX 78468-2601	State:	Zip Code	
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Descrip	ition	
EXPENDITURE	Check if travel outside of Texas, complete Schedule T	Check	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 SCH	EDULE 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 Gift/Awards/Memorials Expense Legal Services	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 Guid	de explains how to cor	nplete this f	orm.	
Total pages Schedule F1:	FILER NAME Barbara Canales		3. File	er ID (Ethics Commission Filers)	
4 Date	5 Payee name				
02/04/2020	Facebook				
6 Amount \$49.96	7 Payee address;	City;	State:	Zip Code	
	1 Hacker Way Menlo Park, CA	94025-1456			
8	(a) Category (See categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Condidate/Officeholder/Political Committee				
EXPENDITORE	Check if travel outside of Texas, co	mplete Schedule T	Check	c 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				
02/06/2020	Dropbox				
6 Amount \$12.78	7 Payee address;	City;	State:	Zip Code	
	333 Brannan St San Francisco,	CA 94107-1810		l	
8 PURPOSE	(a) Category (See categories listed	at the top of this schedule)	(b) Descrip	otion	
PURPOSE OF	Office Overhead/Rental Expense				
EXPENDITURE	Check if travel outside of Texas, co			r 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				
02/06/2020	Google				
6 Amount	7 Payee address;	City;	State:	Zip Code	
\$9.08	1600 Amphitheatre Pkwy Mountain View, CA 94043-1351				
	1000 Ampintheade Fkwy Wou	intalli View, CA 94045-			
8 PURPOSE	(a) Category (See categories listed	at the top of this schedule)	(b) Descrip	otion	
OF	Office Overhead/Rental Expense				
EXPENDITURE	Check if travel outside of Texas, co	mplete Schedule T	Check	c if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough		
	ATTACH ADDITIONAL COP	PIES OF THIS SCHE	EDULE AS	NEEDED	
				5 : 144,6000	

	EXPENDITURE CATEGORIES FOR BOX 8(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 Food/Beverage Expense Printing Expense Salaries/Wages/Contract Legal Services The Instruction Guide explains how to compare the contract of the con	Travel Out of District Other (enter a category not listed above)			
Total pages Schedule F1:	2. FILER NAME	3. Filer ID (Ethics Commission Filers)			
To the party of	Barbara Canales				
4 Date	5 Payee name				
02/10/2020	NGP VAN				
6 Amount	7 Payee address; City;	State: Zip Code			
\$320.00	48 Grove St Ste Somerville, MA 02144-2500				
8	(a) Category (See categories listed at the top of this schedule)	(b) Description			
PURPOSE OF	Office Overhead/Rental Expense				
EXPENDITURE					
	Check if travel outside of Texas, complete Schedule T	Check 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				
02/19/2020	NAACP Corpus Christi Chapter				
6 Amount	7 Payee address; City;	State: Zip Code			
\$2,000.00	PO Box 2921 Corpus Christi, TX 78403-2921	8			
8	(a) Category (See categories listed at the top of this schedule)	(b) Description			
PURPOSE	Contributions/Donations Made By				
EXPENDITURE	Candidate/Officeholder/Political Committee				
	Check if travel outside of Texas, complete Schedule T	Check 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				
03/02/2020	IBC Bank				
6 Amount	7 Payee address; City;	State: Zip Code			
\$2.50	221 S Shoreline Blvd Corpus Christi, TX 78401-2833				
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description			
EXPENDITURE	Check if travel outside of Texas, complete Schedule T	Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH		Office sought Office held			
	ATTACH ADDITIONAL COPIES OF THIS SCHE	EDULE AS NEEDED			

	EXPENDIT	URE CATEGORIES	-OK BOX 8	(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		et Labor	Solicitation/Fundraising I Transportation Equipme Expense Travel In District Travel Out of District Other (enter a category I	nt & Related	
Credit Card Payment		de explains how to cor	nplete this fo	orm.		
Total pages Schedule F1:	FILER NAME Barbara Canales		3. File	er ID (Ethics Commiss	ion Filers)	
4 Date	5 Payee name					
03/03/2020	Answer Anytime Answering S	ervice				
6 Amount \$69.23	7 Payee address;	City;	State:	Zip Coo	de	
	1345 Crescent Dr Corpus Christi, TX 78468-2601					
8 PURPOSE	(a) Category (See categories listed	at the top of this schedule)	(b) Descrip	otion		
OF	Office Overhead/Rental Expense					
EXPENDITURE	Check if travel outside of Texas, co	in the second second to the second se		if Austin, TX, officeholder liv		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	t Off	ice held	
4 Date	5 Payee name	,				
03/03/2020	IBC Bank					
6 Amount \$69.23	7 Payee address; 221 S Shoreline Blvd Corpus C	City; Christi, TX 78401-2833	State:	Zip Co	de	
			(h) December	-4:		
PURPOSE OF	(a) Category (See categories listed Office Overhead/Rental Expense	at the top of this schedule)	(b) Descrip	otion		
EXPENDITURE	Check if travel outside of Texas, co	omplete Schedule T	Check	if Austin, TX, officeholder liv	ing expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	t Off	ice held	
4 Date	5 Payee name					
03/03/2020	NGP VAN	0;+	Ctata	Zin Co	do	
6 Amount \$320.00	7 Payee address;	City;	State:	Zip Co	de	
5,520.00	48 Grove St Ste Somerville, M	IA 02144-2500				
8 PURPOSE OF	(a) Category (See categories listed Office Overhead/Rental Expense	d at the top of this schedule)	(b) Descrip	otion		
EXPENDITURE	Check if travel outside of Texas, co	omplete Schedule T	Check	k if Austin, TX, officeholder liv	ring expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	t Off	ice held	
	ATTACH ADDITIONAL CO	PIES OF THIS SCH	EDULE AS	NEEDED		

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee	Event Expense Office Overhead/Rental Solicitation/Fundraising Expense Fees Polling Expense Transportation Equipment & Related Food/Beverage Expense Printing Expense Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Legal Services Travel In District Travel Out of District Other (enter a category not listed above					
Credit Card Payment	The Instruction Guide expla	ins how to complete this	form.			
Total pages Schedule F1:	FILER NAME Barbara Canales	3. Fi	er ID (Ethics Commission Filers)			
4 Date 03/04/2020	5 Payee name Facebook	8				
6 Amount \$12.78	7 Payee address; City; 1 Hacker Way Menlo Park, CA 94025-		Zip Code			
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top Advertising Expense		ption			
Complete ONLY if direct expenditure to benefit C/OH	Check if travel outside of Texas, complete Schendidate/Officeholder name	Office sough	nt Office held			
4 Date 03/06/2020	5 Payee name Dropbox					
6 Amount \$12.78	7 Payee address; City; 333 Brannan St San Francisco, CA 941		Zip Code			
PURPOSE OF	(a) Category (See categories listed at the top Office Overhead/Rental Expense	of this schedule) (b) Descr	ption			
EXPENDITURE	Check if travel outside of Texas, complete Sci	hedule T Chec	ck 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 03/06/2020	5 Payee name Google					
6 Amount \$12.79	7 Payee address; City; 1600 Amphitheatre Pkwy Mountain Vi		Zip Code			
PURPOSE OF	(a) Category (See categories listed at the top Office Overhead/Rental Expense	of this schedule) (b) Descr	iption			
EXPENDITURE	Check if travel outside of Texas, complete Sci	hedule T Che	ck if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office soug	ht Office held			
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS	S NEEDED			

	EXPENDITUR	RE CATEGORIES FOR	BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Fees Pol Food/Beverage Expense Prir Gift/Awards/Memorials Expense Sal Legal Services	ice Overhead/Rental lling Expense nting Expense laries/Wages/Contract Lab	Travel Out of Distr Other (enter a cate	uipment & Related
Total pages Schedule F1:	2. FILER NAME		3. Filer ID (Ethics Cor	nmission Filers)
1. Total pages confedered in	Barbara Canales		(,
4 Date	5 Payee name			
03/09/2020	Nueces County Junior Livestock Sl	how		
6 Amount			State: Z	ip Code
\$3,550.00	710 E Main Ave Robstown, TX 78	3380-3133		
8	(a) Category (See categories listed at the	ne top of this schedule) (b) [Description	:
PURPOSE	Contributions/Donations Made By	,		
OF EXPENDITURE	Candidate/Officeholder/Political Comm	ittee		
	Check if travel outside of Texas, comple	ete Schedule T	Check if Austin, TX, officeho	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office	sought	Office held
4 Date	5 Payee name			
03/11/2020	Alamin Shrine Circus			
6 Amount \$250.00	7 Payee address; 2001 Suntide Rd Corpus Christi, T		State: Z	Zip Code
8	(a) Category (See categories listed at the	ne top of this schedule) (b) [Description	
PURPOSE	Contributions/Donations Made By	te top of this schedule)		
OF EXPENDITURE	Candidate/Officeholder/Political Comm	nittee		
LAFENDITORE	Check if travel outside of Texas, comple	ete Schedule T	Check if Austin, TX, officeho	older living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office	sought	Office held
4 Date	5 Payee name			
03/11/2020	Nueces County Black Democrats			
6 Amount \$375.00	7 Payee address;	City;	State: 2	Zip Code
•	4707 Morgan Corpus Christi, TX 7	78405		
8	(a) Category (See categories listed at the	ne top of this schedule) (b) [Description	
PURPOSE OF	Contributions/Donations Made By Candidate/Officeholder/Political Comm		2	
EXPENDITURE	Check if travel outside of Texas, comple	-	Check if Austin, TX, officeho	older living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office	s sought	Office held
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDU	LE AS NEEDED	

EXPENDITURE CATEGORIES FOR BOX 8(a)				
	EXPENDI		FOR BOX 6	(a)
Candidate/Officeholder/Political	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contrac	ct Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District
Committee	The best west on Oak	d		Other (enter a category not listed above)
Credit Card Payment		de explains how to cor		
Total pages Schedule F1:	2. FILER NAME		3. File	er ID (Ethics Commission Filers)
	Barbara Canales			
4 Date	5 Payee name			
03/24/2020	Facebook			
6 Amount \$75.00	7 Payee address;	City;	State:	Zip Code
	1 Hacker Way Menlo Park, CA	A 94025-1456		
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descrip	otion
PURPOSE OF	Advertising Expense			,
EXPENDITURE				
	Check if travel outside of Texas, co			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		personal and an artist and a second	
03/31/2020	IBC Bank			
6 Amount	7 Payee address;	City;	State:	Zip Code
\$16.30	221 S Shoreline Blvd Corpus (Christi, TX 78401-2833		
8 PURPOSE OF	(a) Category (See categories listed Fees	at the top of this schedule)	(b) Descrip	otion
EXPENDITURE	Check if travel outside of Texas, co	omplete Schedule T	Check	r 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			
04/02/2020	Answer Anytime Answering S	ervice		v.
6 Amount	7 Payee address;	City;	State:	Zip Code
\$69.23	1345 Crescent Dr Corpus Chri	sti, TX 78468-2601		
8	(a) Category (See categories listed	d at the top of this schedule)	(b) Descrip	otion
PURPOSE	Office Overhead/Rental Expense	,		
EXPENDITURE	Check if travel outside of Texas, co	omplete Schedule T	Check	c 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 CO	PIES OF THIS SCH	EDULE 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	Event Expense Office Overhead/Rental Solicitation/Fundraising Expense Fees Polling Expense Transportation Equipment & Related Food/Beverage Expense Printing Expense Expense By Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Legal Services Travel In District Travel Out of District 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. File	er ID (Ethics Commission Filers)		
	Barbara Canales					
4 Date	5 Payee name					
04/02/2020	IBC Bank					
6 Amount \$2.50	7 Payee address;	City;	State:	Zip Code		
	221 S Shoreline Blvd Corpus C	Christi, TX 78401-2833				
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descrip	otion		
PURPOSE OF	Fees					
EXPENDITURE	Charle if the call outside of Tours	amulata Cabadula T	Chast	of Austin TV offenhalder living evenen		
9 Complete ONLY if direct	Check if travel outside of Texas, co		Office sough	t Office held		
expenditure to benefit C/OH	Candidate/Officenoider name		Office sough	Conice held		
4 Date	5 Payee name					
04/03/2020	NGP VAN					
6 Amount	7 Payee address;	City;	State:	Zip Code		
\$320.00	48 Grove St Ste Somerville, M	(A 02144-2500				
8	(a) Category (See categories listed	l at the top of this schedule)	(b) Descrip	otion		
PURPOSE OF	Office Overhead/Rental Expense					
EXPENDITURE	Check if the call outside of Toyon on	emplote Cohodule T	Chan	k if Austin, TX, officeholder living expense		
O Complete ONLY if direct	Check if travel outside of Texas, co		Office sough			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder name		Office sough	Office field		
4 Date	5 Payee name	N N				
04/06/2020	Dropbox					
6 Amount \$12.78	7 Payee address;	City;	State:	Zip Code		
Ψ12.70	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	Office Overhead/Rental Expense					
EXPENDITURE	Check if travel outside of Texas, co	omplete Schedule T	Chec	k 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 CO	PIES OF THIS SCHI	EDULE 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	Event Expense Office Overhead/Rental Solicitation/Fundraising Expense Fees Polling Expense Transportation Equipment & Related Food/Beverage Expense Printing Expense Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Legal Services Travel In District Travel Out of District 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. Fi	ler ID (Ethics Commission Filers)		
	Barbara Canales					
4 Date	5 Payee name					
04/06/2020	Facebook					
6 Amount	7 Payee address;	City;	State:	Zip Code		
\$47.02	1 Hacker Way Menlo Park, CA	x 94025-1456				
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descri	ption		
PURPOSE OF	Advertising Expense					
EXPENDITURE				A MA CONTRACTOR AND A STATE OF THE STATE OF		
O Consolete ONLY if direct	Check if travel outside of Texas, co		Office sough	ck if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officenoider name	,	Office Sough	The Tield		
4 Date	5 Payee name					
04/07/2020	Google					
6 Amount	7 Payee address;	City;	State:	Zip Code		
\$12.79	1600 Amphitheatre Pkwy Mou	antain View, CA 94043-1				
8 PURPOSE	(a) Category (See categories listed	at the top of this schedule)	(b) Descr	iption		
OF	Office Overhead/Rental Expense					
EXPENDITURE	Check if travel outside of Texas, co	omplete Schedule T	Chec	ck if Austin, TX, officeholder living expense		
9 Complete ONLY if direct	Candidate/Officeholder name		Office soug	ht Office held		
expenditure to benefit C/OH						
4 Date	5 Payee name					
04/28/2020	Dr. Hector P. Garcia Foundation	on				
6 Amount	7 Payee address;	City;	State:	Zip Code		
\$2,000.00						
8	(a) Category (See categories listed	d at the top of this schedule)	(b) Descr	iption		
PURPOSE OF	Contributions/Donations Made By	2				
EXPENDITURE	Candidate/Officeholder/Political C			al M Acadia TV afficial alder him average		
O Complete ONLY if direct	Candidate/Officeholder name		Office soug	ck if Austin, TX, officeholder living expense ht Office held		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name			THE Office field		
	ATTACH ADDITIONAL CO	PIES OF THIS SCHI	EDULE A	S NEEDED		

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Office Overhead/Rental Folling Expense Printing Expense Salaries/Wages/Contract Labor 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 F1.	Barbara Canales		3. 11	er ib (Etilies Commission Flicts)		
4 Date 04/30/2020	5 Payee name IBC Bank					
6 Amount	7 Payee address;	City;	State:	Zip Code		
\$69.23	221 S Shoreline Blvd Corpus	Christi, TX 78401-2833				
8	(a) Category (See categories lister	d at the top of this schedule)	(b) Descri	otion		
PURPOSE OF	Fees					
EXPENDITURE	Check if travel outside of Texas, c	omplete Schedule T	Chec	k if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	t Office held		
4 Date	5 Payee name					
05/04/2020	Answer Anytime Answering S	Service				
6 Amount \$69.23	7 Payee address;	City;	State:	Zip Code		
,	1345 Crescent Dr Corpus Chr	isti, TX 78468-2601				
8	(a) Category (See categories liste	d at the top of this schedule)	(b) Descri	ption		
PURPOSE OF	Office Overhead/Rental Expense					
EXPENDITURE	Check if travel outside of Texas, of	omplete Schedule T	Chec	k if Austin, TX, officeholder living expense		
9 Complete ONLY if direct	Candidate/Officeholder name		Office sough			
expenditure to benefit C/OH						
4 Date	5 Payee name					
05/04/2020	IBC Bank					
6 Amount	7 Payee address;	City;	State:	Zip Code		
\$2.50	***************************************	C1 1 1 777 70 401 2022				
	221 S Shoreline Blvd Corpus	Christi, 1 X /8401-2833		-		
8	(a) Category (See categories liste	d at the top of this schedule)	(b) Descri	ption		
PURPOSE OF	Fees					
EXPENDITURE						
	Check if travel outside of Texas, o			k if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	office held		
	ATTACH ADDITIONAL CO	PIES OF THIS SCHI	EDULE AS	NEEDED		

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
Candidate/Officeholder/Political Committee	Event Expense Office Overhead/Rental Solicitation/Fundraising Expense Transportation Equipment & Related Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Legal Services Salaries how to complete this form.					
Credit Card Payment		explains how to com				
Total pages Schedule F1:	2. FILER NAME Barbara Canales		3. File	er ID (Ethics Commission Filers)		
4 Date 05/04/2020	5 Payee name NGP VAN					
6 Amount \$320.00	7 Payee address; 48 Grove St Ste Somerville, MA	City; 02144-2500	State:	Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at Office Overhead/Rental Expense	the top of this schedule)	(b) Descrip	otion		
Complete ONLY if direct expenditure to benefit C/OH	Check if travel outside of Texas, comp		Check	t Mustin, TX, officeholder living expense t Office held		
4 Date 05/06/2020	5 Payee name Dropbox					
6 Amount \$12.78	7 Payee address; 333 Brannan St San Francisco, C.	City; A 94107-1810	State:	Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at Office Overhead/Rental Expense	the top of this schedule)	(b) Descrip	ption		
EXPENDITURE	Check if travel outside of Texas, comp	olete Schedule T	Check	k if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	C	Office sough	t Office held		
4 Date 05/06/2020	5 Payee name Cynthia Villarreal					
6 Amount \$150.00	7 Payee address; 1119 Annapolis Dr Corpus Chris	City; ti, TX	State:	Zip Code		
PURPOSE OF	(a) Category (See categories listed at Advertising Expense	the top of this schedule)	(b) Descrip	ption		
EXPENDITURE	Check if travel outside of Texas, comp	olete Schedule T	Chec	k if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	(Office sough	office held		
	ATTACH ADDITIONAL COPI	ES OF THIS SCHE	DULE 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	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Gui	Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contract de explains how to cor	et 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	er ID (Ethics Commission Filers)		
	Barbara Canales					
4 Date	5 Payee name					
05/08/2020	Google					
6 Amount	7 Payee address;	City;	State:	Zip Code		
\$12.79	1600 Amphitheatre Pkwy Mou	antain View, CA 94043-1	351			
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descri	ption		
PURPOSE OF	Office Overhead/Rental Expense					
EXPENDITURE						
	Check if travel outside of Texas, co			k 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					
05/08/2020	Hi Ho Restaurant					
6 Amount	7 Payee address;	City;	State:	Zip Code		
\$393.02	3703 Morgan Ave Corpus Chr	isti, TX 78405-3118				
8 PURPOSE OF	(a) Category (See categories listed Event Expense	at the top of this schedule)	(b) Descri	ption		
EXPENDITURE	Check if travel outside of Texas, co	as, complete Schedule T Check if Austin, TX, officeholder living expensi				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	nt Office held		
4 Date	5 Payee name					
05/08/2020	Martinez BBQ					
6 Amount	7 Payee address;	City;	State:	Zip Code		
\$600.00	100 Main Robstown, TX 7838	0				
8 PURPOSE OF	(a) Category (See categories listed Event Expense	d at the top of this schedule)	(b) Descri	ption		
EXPENDITURE	Check if travel outside of Texas, co	omplete Schedule T	Chec	k if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	nt Office held		
	ATTACH ADDITIONAL CO	PIES OF THIS SCH	EDULE 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	Event Expense Fees Food/Beverage Expense 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.
1. Total pages Schedule F1:	2. FILER NAME		3. Fil	er ID (Ethics Commission Filers)
	Barbara Canales			
4 Date	5 Payee name			
05/13/2020	Mr. G's BBQ			
6 Amount \$692.37	7 Payee address;	City;	State:	Zip Code
	4701 Ih 37 Corpus Christi, TX	78408-3003		
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descri	otion
PURPOSE OF	Event Expense			
EXPENDITURE				
	Check if travel outside of Texas, co			k 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			
05/31/2020	IBC Bank			
6 Amount \$16.10	7 Payee address; 221 S Shoreline Blvd Corpus C	City;	State:	Zip Code
	221 S Shorenne Bivd Corpus C	IIIISU, 17 /6401-2655		
PURPOSE OF	(a) Category (See categories listed Fees	at the top of this schedule)	(b) Descri	ption
EXPENDITURE				
	Check if travel outside of Texas, co			k 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			
06/01/2020	IBC Bank	*		
6 Amount	7 Payee address;	City;	State:	Zip Code
\$2.50	221 S Shoreline Blvd Corpus C	Christi, TX 78401-2833		
8	(a) Category (See categories listed	at the ten of this sehedule)	(b) Descri	ntion
PURPOSE OF	Fees Fees	at the top of this scriedule)	(5) 5 666.	
EXPENDITURE	Check if travel outside of Texas, co	mplete Schedule T	Chec	k if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	
	ATTACH ADDITIONAL COR	PIES OF THIS SCH	EDULE 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	Fees Po Food/Beverage Expense Pri Gift/Awards/Memorials Expense Sa Legal Services	fice Overhead/Rental olling Expense inting Expense alaries/Wages/Contract Lab explains how to complete	Expense or Travel In District Travel Out of Dist Other (enter a cat	uipment & Related				
Total pages Schedule F1:	2. FILER NAME		3. Filer ID (Ethics Cor	nmission Filers)				
	Barbara Canales		,	·				
4 Date	5 Payee name							
06/01/2020	Pete McRae							
6 Amount \$4,200.00	7 Payee address;	City;	State: 2	Zip Code				
	707 S Main St Ste 202 Georgetown, TX 78626-5700							
8	(a) Category (See categories listed at t	the top of this schedule) (b) [Description					
PURPOSE OF	Consulting Expense							
EXPENDITURE			7					
0.0.1.4.0411.4.7.7.14	Check if travel outside of Texas, compl		Check if Austin, TX, officeh					
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Опісе	sought	Office held				
4 Date	5 Payee name							
06/01/2020	Nueces County Democratic Party							
6 Amount \$1,000.00	7 Payee address; 2701 Morgan Ave Ste 600 Corpus		State: 2	Zip Code				
8 PURPOSE	(a) Category (See categories listed at t	the top of this schedule) (b) I	Description					
OF	Contributions/Donations Made By	nittaa						
EXPENDITURE	Candidate/Officeholder/Political Committee Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense							
9 Complete ONLY if direct	Candidate/Officeholder name	L	sought	Office held				
expenditure to benefit C/OH	Sandidate/Sinsensider hame							
4 Date	5 Payee name							
06/02/2020	Answer Anytime Answering Serv							
6 Amount	7 Payee address;	City;	State:	Zip Code				
\$69.23	1345 Crescent Dr Corpus Christi, TX 78468-2601							
8	(a) Category (See categories listed at t	the top of this schedule) (b)	Description					
PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense							
	Check if travel outside of Texas, compl	lete Schedule T	Check if Austin, TX, officeh	older living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office	e sought	Office held				
	ATTACH ADDITIONAL COPIE	ES OF THIS SCHEDU	LE 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	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guid	Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contract de explains how to cor	ct 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. File	er ID (Ethics Commission Filers)				
10 %	Barbara Canales							
4 Date	5 Payee name							
06/04/2020	NGP VAN							
6 Amount \$320.00	7 Payee address; 48 Grove St Ste Somerville, M.	City; A 02144-2500	State:	Zip Code				
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descrip	otion				
PURPOSE OF	Office Overhead/Rental Expense	,						
EXPENDITURE								
	Check if travel outside of Texas, co			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							
06/08/2020	Dropbox	e						
6 Amount \$12.78	7 Payee address; 333 Brannan St San Francisco,	City; CA 94107-1810	State:	Zip Code				
PURPOSE OF	(a) Category (See categories listed Office Overhead/Rental Expense	at the top of this schedule)	(b) Descrip	ption				
EXPENDITURE	Check if travel outside of Texas, complete Schedule T Check 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							
06/08/2020	Google							
6 Amount \$12.79	7 Payee address; City; State: Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351							
PURPOSE OF EXPENDITURE	(a) Category (See categories listed Office Overhead/Rental Expense	at the top of this schedule)	(b) Descrip	otion				
	Check if travel outside of Texas, co	mplete Schedule T	Chec	c if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough					
,	ATTACH ADDITIONAL COP	PIES OF THIS SCH	EDULE 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 Gift/Awards/Memorials Expense Legal Services	Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contrac		Solicitation/Fundraising & Transportation Equipmen Expense Travel In District Travel Out of District Other (enter a category of the content o	nt & Related		
Credit Card Payment The Instruction Guide explains how to complete this form.							
Total pages Schedule F1:	2. FILER NAME Barbara Canales		3. Fil	er ID (Ethics Commiss	ion Filers)		
4 Date	5 Payee name						
06/10/2020 6 Amount	Campaign Services LLC	City;	State:	Zip Coo	10		
\$1,500.00	7 Payee address;	City,	State.	21p C00	Je		
,	7901 Cameron Rd Ste 3-378 A	ustin, TX 78754-3880					
8 PURPOSE	(a) Category (See categories listed	at the top of this schedule)	(b) Descri	ption			
OF	Consulting Expense						
EXPENDITURE	Check if travel outside of Texas, co	emplete Schedule T	Chec	k if Austin, TX, officeholder livi	ng expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	,	Office sough	nt Offi	ce held		
4 Date	5 Payee name			W			
06/29/2020	Full Speed Ahead Crawfish Fo	od Truck					
6 Amount	7 Payee address;	City;	State:	Zip Cod	de		
\$1,082.50			26				
8 PURPOSE	(a) Category (See categories listed	at the top of this schedule)	(b) Descri	ption			
OF	Event Expense						
EXPENDITURE	Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense						
9 Complete ONLY if direct	Candidate/Officeholder name	100 Personal 1	Office sough		ce held		
expenditure to benefit C/OH	V						
4 Date	5 Payee name						
06/30/2020	IBC Bank						
6 Amount \$15.95	7 Payee address;	City;	State:	Zip Cod	de		
Ψ10.75	221 S Shoreline Blvd Corpus (Christi, TX 78401-2833					
9							
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descri	ption			
PURPOSE OF	Fees						
EXPENDITURE							
	Check if travel outside of Texas, co			k if Austin, TX, officeholder livi	ce held		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	ıı Olli	OG HOIU		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							