

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1. Filer ID (Ethics Commission Filers)	2. Total pages filed: 27																	
3 CANDIDATE/ OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">MS/MRS/MR</td> <td style="width:25%;">FIRST</td> <td style="width:25%;">MI</td> <td style="width:25%;"></td> </tr> <tr> <td></td> <td>Barbara</td> <td></td> <td></td> </tr> <tr> <td>NICKNAME</td> <td>LAST</td> <td>SUFFIX</td> <td></td> </tr> <tr> <td></td> <td>Canales</td> <td></td> <td></td> </tr> </table>	MS/MRS/MR	FIRST	MI			Barbara			NICKNAME	LAST	SUFFIX			Canales			<div style="text-align: center; border: 1px solid black; padding: 5px;"> OFFICE USE ONLY Date Received FILED FOR RECORD AT 4:46 P M JUL 15 2020 KARA SANDS <small>CLERK, COUNTY COURT, NUECES COUNTY, TEXAS</small> Date Hand-delivered or Date Postmarked BY </div>		
MS/MRS/MR	FIRST	MI																		
	Barbara																			
NICKNAME	LAST	SUFFIX																		
	Canales																			
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">ADDRESS /PO BOX:</td> <td style="width:15%;">APT/SUITE #</td> <td style="width:15%;">CITY</td> <td style="width:15%;">STATE:</td> <td style="width:20%;">ZIP CODE</td> </tr> <tr> <td>401 N Tanchahua</td> <td></td> <td>Corpus Christi</td> <td>TX</td> <td>78401</td> </tr> </table>	ADDRESS /PO BOX:	APT/SUITE #	CITY	STATE:	ZIP CODE	401 N Tanchahua		Corpus Christi	TX	78401									
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5 CANDIDATE/ OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">AREA CODE</td> <td style="width:35%;">PHONE NUMBER</td> <td style="width:40%;">EXTENSION</td> </tr> <tr> <td></td> <td>(210) 633-7369</td> <td></td> </tr> </table>	AREA CODE	PHONE NUMBER	EXTENSION		(210) 633-7369		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount \$</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Receipt #	Amount \$										
AREA CODE	PHONE NUMBER	EXTENSION																		
	(210) 633-7369																			
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6 CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">MS/MRS/MR</td> <td style="width:25%;">FIRST</td> <td style="width:25%;">MI</td> <td style="width:25%;"></td> </tr> <tr> <td></td> <td>Scott</td> <td></td> <td></td> </tr> <tr> <td>NICKNAME</td> <td>LAST</td> <td>SUFFIX</td> <td></td> </tr> <tr> <td></td> <td>Humpel</td> <td></td> <td></td> </tr> </table>	MS/MRS/MR	FIRST	MI			Scott			NICKNAME	LAST	SUFFIX			Humpel			<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:100%;">Date Processed</td> </tr> <tr> <td style="width:100%;">Date Imaged</td> </tr> </table>	Date Processed	Date Imaged
MS/MRS/MR	FIRST	MI																		
	Scott																			
NICKNAME	LAST	SUFFIX																		
	Humpel																			
Date Processed																				
Date Imaged																				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">STREET ADDRESS (NO PO BOX PLEASE):</td> <td style="width:15%;">APT/SUITE #</td> <td style="width:15%;">CITY</td> <td style="width:15%;">STATE:</td> <td style="width:15%;">ZIP CODE</td> </tr> <tr> <td>401 N Tanchahua</td> <td></td> <td>Corpus Christi</td> <td>TX</td> <td>78401</td> </tr> </table>	STREET ADDRESS (NO PO BOX PLEASE):	APT/SUITE #	CITY	STATE:	ZIP CODE	401 N Tanchahua		Corpus Christi	TX	78401									
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9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting limit</td> <td><input type="checkbox"/> Final report (Attach- COH-FR)</td> </tr> </table>			<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 checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting limit	<input type="checkbox"/> Final report (Attach- COH-FR)									
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Month</td> <td style="width:10%;">Day</td> <td style="width:15%;">Year</td> <td style="width:20%;"></td> <td style="width:15%;">Month</td> <td style="width:10%;">Day</td> <td style="width:15%;">Year</td> </tr> <tr> <td></td> <td>01</td> <td>01</td> <td>2020</td> <td style="text-align: center;">THROUGH</td> <td></td> <td>06/30/2020</td> </tr> </table>			Month	Day	Year		Month	Day	Year		01	01	2020	THROUGH		06/30/2020			
Month	Day	Year		Month	Day	Year														
	01	01	2020	THROUGH		06/30/2020														
11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">ELECTION DATE</td> <td style="width:70%;">ELECTION TYPE</td> </tr> <tr> <td>Month Day Year</td> <td><input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other</td> </tr> <tr> <td>03/03/2020</td> <td><input type="checkbox"/> General <input type="checkbox"/> Special</td> </tr> </table>	ELECTION DATE	ELECTION TYPE	Month Day Year	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other	03/03/2020	<input type="checkbox"/> General <input type="checkbox"/> Special													
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03/03/2020	<input type="checkbox"/> General <input type="checkbox"/> Special																			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Other Office: County Judge																		

GO TO PAGE 2

2020-0108

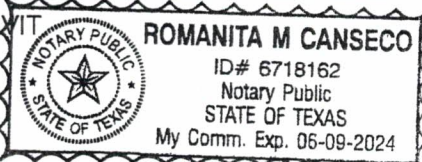
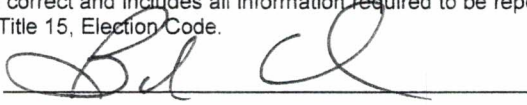
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Barbara Canales	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$0.00
	2	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$8,400.00
EXPENDITURE TOTALS	3	TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$0.00
	4	TOTAL POLITICAL EXPENDITURES	\$31,778.88
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$25,702.39
OUTSTANDING LOAN TOTALS	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$0.00

18 AFFIDAVIT  <p style="text-align: center;">AFFIX NOTARY STAMP / SEAL ABOVE</p>	<p>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.</p> <p style="text-align: center;">  Signature of Candidate or Officeholder </p>
<p>Sworn to and subscribed before me, by the said <u>Barbara Canales</u>, this the <u>14th</u> day of <u>July</u> 20<u>20</u> to certify which, witness my hand and seal of office.</p>	
<p><u>Romanita M. Canseco</u> Signature of officer administering oath</p>	<p><u>Romanita M. CANSECO</u> Printed name of officer administering oath</p>
<p><u>Notary Public</u> Title of officer administering oath</p>	

SUBTOTALS - COH**FORM C/OH
COVER SHEET PG 3**

19. FILER NAME Barbara Canales	20. FILER ID (Ethics 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 CONTRIBUTIONS	\$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 CONTRIBUTIONS	\$0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS AND CONTRIBUTIONS RETURNED TO FILER	\$0.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Barbara Canales		3. Filer ID (Ethics Commission Filers)
4. Date 01/21/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ GTC, Special 6. Contributor address; City; State; ZIP Code PO Box 650 Premont, TX 78375-0650	7. Amount of contribution (\$) \$2,500.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 01/31/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Mike East 6. Contributor address; City; State; ZIP Code PO Box 69 Sarita, TX 78385-0069	7. Amount of contribution (\$) \$2,000.00
8. Principal occupation / Job title (See Instructions) Rancher		9 Employer (See Instructions) Self Employed
4. Date 03/12/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Judy Herndon 6. Contributor address; City; State; ZIP Code 7001 Bevington Dr Corpus Christi, TX 78413-5318	7. Amount of contribution (\$) \$150.00
8. Principal occupation / Job title (See Instructions) Self Employed		9 Employer (See Instructions) Self Employed
4. Date 03/12/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Enrique Martinez Davila 6. Contributor address; City; State; ZIP Code 5424 W US Highway 90 San Antonio, TX 78227-4219	7. Amount of contribution (\$) \$2,500.00
8. Principal occupation / Job title (See Instructions) Self employed		9 Employer (See Instructions) Self employed
4. Date 04/16/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ June Deadrick 6. Contributor address; City; State; ZIP Code 1701 Hermann Dr Unit 2806 Houston, TX 77004-7369	7. Amount of contribution (\$) \$250.00
8. Principal occupation / Job title (See Instructions) Government Relations		9 Employer (See Instructions) Center Point 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 Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Barbara Canales		3. Filer ID (Ethics Commission Filers)
4. Date 05/10/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Murali Suddala 6. Contributor address; City; State; ZIP Code 311 Montrose Dr McDonough, GA 30253-4257	7. Amount of contribution (\$) \$1,000.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Barbara Canales	3. Filer ID (Ethics Commission Filers)
4 Date 01/03/2020	5 Payee name Answer Anytime Answering Service	
6 Amount \$69.23	7 Payee address; City: State: Zip Code 1345 Crescent Dr Corpus Christi, TX 78468-2601	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> 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 01/03/2020	5 Payee name DC Invitation	
6 Amount \$700.00	7 Payee address; City: State: Zip Code Corpus Christi, TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> 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 01/03/2020	5 Payee name IBC Bank	
6 Amount \$63.30	7 Payee address; City: State: Zip Code 221 S Shoreline Blvd Corpus Christi, TX 78401-2833	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> 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 SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Barbara Canales	3. Filer ID (Ethics Commission Filers)
4 Date 01/06/2020	5 Payee name Dropbox	
6 Amount \$12.78	7 Payee address; City: State: Zip Code 333 Brannan St San Francisco, CA 94107-1810	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> 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 01/06/2020	5 Payee name Facebook	
6 Amount \$25.00	7 Payee address; City: State: Zip Code 1 Hacker Way Menlo Park, CA 94025-1456	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> 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 01/07/2020	5 Payee name Facebook	
6 Amount \$25.00	7 Payee address; City: State: Zip Code 1 Hacker Way Menlo Park, CA 94025-1456	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> 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 SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Barbara Canales	3. Filer ID (Ethics Commission Filers)
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4 Date 01/08/2020	5 Payee name Facebook
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6 Amount \$25.00	7 Payee address; City; State: Zip Code 1 Hacker Way Menlo Park, CA 94025-1456
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PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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4 Date 01/09/2020	5 Payee name Facebook
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6 Amount \$35.00	7 Payee address; City; State: Zip Code 1 Hacker Way Menlo Park, CA 94025-1456
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PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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4 Date 01/10/2020	5 Payee name Facebook
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6 Amount \$50.00	7 Payee address; City; State: Zip Code 1 Hacker Way Menlo Park, CA 94025-1456
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PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Barbara Canales	3. Filer ID (Ethics Commission Filers)
4 Date 01/10/2020	5 Payee name Miss Purdys Old Time Photos & Props	
6 Amount \$4,159.00	7 Payee address; City; State: Zip Code Wimberley, TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> 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 01/13/2020	5 Payee name Jason McClain	
6 Amount \$962.50	7 Payee address; City; State: Zip Code Lewis, CO 81327	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> 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 01/13/2020	5 Payee name Nueces County Star Record	
6 Amount \$275.00	7 Payee address; City; State: Zip Code 405 E Main St Alice, TX 78332-4968	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Barbara Canales	3. Filer ID (Ethics Commission Filers)
4 Date 01/16/2020	5 Payee name Nueces County Junior Livestock Show	
6 Amount \$1,000.00	7 Payee address; City: State: Zip Code 710 E Main Ave Robstown, TX 78380-3133	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> 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 01/21/2020	5 Payee name Campaign Services LLC	
6 Amount \$1,689.25	7 Payee address; City: State: Zip Code 7901 Cameron Rd Ste 3-378 Austin, TX 78754-3880	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> 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 01/24/2020	5 Payee name Nueces County Junior Livestock Show	
6 Amount \$1,000.00	7 Payee address; City: State: Zip Code 710 E Main Ave Robstown, TX 78380-3133	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> 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 SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. 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; State; Zip Code 3680 Victoria St N Shoreview, MN 55126-2906	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> 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 01/30/2020	5 Payee name La De Da Events	
6 Amount \$941.00	7 Payee address; City; State; Zip Code 5233 I37 Corpus Christi, TX 78408	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> 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; State; Zip Code 221 S Shoreline Blvd Corpus Christi, TX 78401-2833	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> 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 SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Barbara Canales	3. Filer ID (Ethics Commission Filers)
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4 Date 01/31/2020	5 Payee name Twins Media
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6 Amount \$300.00	7 Payee address; City: State: Zip Code 4013 Devon Dr Corpus Christi, TX 78415-4844
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PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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4 Date 02/03/2020	5 Payee name IBC Bank
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6 Amount \$3.01	7 Payee address; City: State: Zip Code 221 S Shoreline Blvd Corpus Christi, TX 78401-2833
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PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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4 Date 02/04/2020	5 Payee name Answer Anytime Answering Service
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6 Amount \$49.96	7 Payee address; City: State: Zip Code 1345 Crescent Dr Corpus Christi, TX 78468-2601
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PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Barbara Canales	3. Filer ID (Ethics Commission Filers)
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4 Date 02/04/2020	5 Payee name Facebook
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6 Amount \$49.96	7 Payee address; 1 Hacker Way Menlo Park, CA 94025-1456	City;	State:	Zip Code
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PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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4 Date 02/06/2020	5 Payee name Dropbox
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6 Amount \$12.78	7 Payee address; 333 Brannan St San Francisco, CA 94107-1810	City;	State:	Zip Code
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PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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4 Date 02/06/2020	5 Payee name Google
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6 Amount \$9.08	7 Payee address; 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351	City;	State:	Zip Code
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PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Barbara Canales	3. Filer ID (Ethics Commission Filers)
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4 Date 02/10/2020	5 Payee name NGP VAN
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6 Amount \$320.00	7 Payee address; City: State: Zip Code 48 Grove St Ste Somerville, MA 02144-2500
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PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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4 Date 02/19/2020	5 Payee name NAACP Corpus Christi Chapter
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6 Amount \$2,000.00	7 Payee address; City: State: Zip Code PO Box 2921 Corpus Christi, TX 78403-2921
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PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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4 Date 03/02/2020	5 Payee name IBC Bank
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6 Amount \$2.50	7 Payee address; City: State: Zip Code 221 S Shoreline Blvd Corpus Christi, TX 78401-2833
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PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Barbara Canales	3. Filer ID (Ethics Commission Filers)
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4 Date 03/03/2020	5 Payee name Answer Anytime Answering Service
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6 Amount \$69.23	7 Payee address; City: State: Zip Code 1345 Crescent Dr Corpus Christi, TX 78468-2601
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PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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4 Date 03/03/2020	5 Payee name IBC Bank
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6 Amount \$69.23	7 Payee address; City: State: Zip Code 221 S Shoreline Blvd Corpus Christi, TX 78401-2833
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PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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4 Date 03/03/2020	5 Payee name NGP VAN
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6 Amount \$320.00	7 Payee address; City: State: Zip Code 48 Grove St Ste Somerville, MA 02144-2500
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PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Barbara Canales	3. Filer ID (Ethics Commission Filers)
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4 Date 03/04/2020	5 Payee name Facebook
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6 Amount \$12.78	7 Payee address; City: State: Zip Code 1 Hacker Way Menlo Park, CA 94025-1456
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PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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4 Date 03/06/2020	5 Payee name Dropbox
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6 Amount \$12.78	7 Payee address; City: State: Zip Code 333 Brannan St San Francisco, CA 94107-1810
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PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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4 Date 03/06/2020	5 Payee name Google
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6 Amount \$12.79	7 Payee address; City: State: Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351
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PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Barbara Canales	3. Filer ID (Ethics Commission Filers)
4 Date 03/09/2020	5 Payee name Nueces County Junior Livestock Show	
6 Amount \$3,550.00	7 Payee address; City; State: Zip Code 710 E Main Ave Robstown, TX 78380-3133	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> 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 03/11/2020	5 Payee name Alamin Shrine Circus	
6 Amount \$250.00	7 Payee address; City; State: Zip Code 2001 Suntide Rd Corpus Christi, TX 78409-2111	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> 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 03/11/2020	5 Payee name Nueces County Black Democrats	
6 Amount \$375.00	7 Payee address; City; State: Zip Code 4707 Morgan Corpus Christi, TX 78405	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Barbara Canales	3. Filer ID (Ethics Commission Filers)
4 Date 03/24/2020	5 Payee name Facebook	
6 Amount \$75.00	7 Payee address; City: State: Zip Code 1 Hacker Way Menlo Park, CA 94025-1456	
PURPOSE OF EXPENDITURE	8 (a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> 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 03/31/2020	5 Payee name IBC Bank	
6 Amount \$16.30	7 Payee address; City: State: Zip Code 221 S Shoreline Blvd Corpus Christi, TX 78401-2833	
PURPOSE OF EXPENDITURE	8 (a) Category (See categories listed at the top of this schedule) Fees	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> 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 04/02/2020	5 Payee name Answer Anytime Answering Service	
6 Amount \$69.23	7 Payee address; City: State: Zip Code 1345 Crescent Dr Corpus Christi, TX 78468-2601	
PURPOSE OF EXPENDITURE	8 (a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> 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 SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Barbara Canales	3. Filer ID (Ethics Commission Filers)
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4 Date 04/02/2020	5 Payee name IBC Bank
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6 Amount \$2.50	7 Payee address; City: State: Zip Code 221 S Shoreline Blvd Corpus Christi, TX 78401-2833
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PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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4 Date 04/03/2020	5 Payee name NGP VAN
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6 Amount \$320.00	7 Payee address; City: State: Zip Code 48 Grove St Ste Somerville, MA 02144-2500
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PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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4 Date 04/06/2020	5 Payee name Dropbox
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6 Amount \$12.78	7 Payee address; City: State: Zip Code 333 Brannan St San Francisco, CA 94107-1810
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PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Barbara Canales	3. Filer ID (Ethics Commission Filers)
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4 Date 04/06/2020	5 Payee name Facebook
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6 Amount \$47.02	7 Payee address; City; State: Zip Code 1 Hacker Way Menlo Park, CA 94025-1456
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PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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4 Date 04/07/2020	5 Payee name Google
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6 Amount \$12.79	7 Payee address; City; State: Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351
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PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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4 Date 04/28/2020	5 Payee name Dr. Hector P. Garcia Foundation
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6 Amount \$2,000.00	7 Payee address; City; State: Zip Code
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PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|-------------------------------|--|
| Advertising Expense | Event Expense | Office Overhead/Rental | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Polling Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Printing Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Travel Out of District |
| Credit Card Payment | Legal Services | | Other (enter a category not listed above) |
- The Instruction Guide explains how to complete this form.**

1. Total pages Schedule F1:	2. FILER NAME Barbara Canales	3. Filer ID (Ethics Commission Filers)
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4 Date 04/30/2020	5 Payee name IBC Bank
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6 Amount \$69.23	7 Payee address; City; State; Zip Code 221 S Shoreline Blvd Corpus Christi, TX 78401-2833
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PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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4 Date 05/04/2020	5 Payee name Answer Anytime Answering Service
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6 Amount \$69.23	7 Payee address; City; State; Zip Code 1345 Crescent Dr Corpus Christi, TX 78468-2601
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PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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4 Date 05/04/2020	5 Payee name IBC Bank
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6 Amount \$2.50	7 Payee address; City; State; Zip Code 221 S Shoreline Blvd Corpus Christi, TX 78401-2833
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PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Barbara Canales	3. Filer ID (Ethics Commission Filers)
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4 Date 05/04/2020	5 Payee name NGP VAN
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6 Amount \$320.00	7 Payee address; City: State: Zip Code 48 Grove St Ste Somerville, MA 02144-2500
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PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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4 Date 05/06/2020	5 Payee name Dropbox
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6 Amount \$12.78	7 Payee address; City: State: Zip Code 333 Brannan St San Francisco, CA 94107-1810
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PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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4 Date 05/06/2020	5 Payee name Cynthia Villarreal
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6 Amount \$150.00	7 Payee address; City: State: Zip Code 1119 Annapolis Dr Corpus Christi, TX
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PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|-------------------------------|--|
| Advertising Expense | Event Expense | Office Overhead/Rental | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Polling Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Printing Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Travel Out of District |
| Credit Card Payment | Legal Services | | Other (enter a category not listed above) |
- The Instruction Guide explains how to complete this form.**

1. Total pages Schedule F1:	2. FILER NAME Barbara Canales	3. Filer ID (Ethics Commission Filers)
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4 Date 05/08/2020	5 Payee name Google
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6 Amount \$12.79	7 Payee address; City: State: Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351
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PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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4 Date 05/08/2020	5 Payee name Hi Ho Restaurant
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6 Amount \$393.02	7 Payee address; City: State: Zip Code 3703 Morgan Ave Corpus Christi, TX 78405-3118
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PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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4 Date 05/08/2020	5 Payee name Martinez BBQ
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6 Amount \$600.00	7 Payee address; City: State: Zip Code 100 Main Robstown, TX 78380
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PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Barbara Canales	3. Filer ID (Ethics Commission Filers)
4 Date 05/13/2020	5 Payee name Mr. G's BBQ	
6 Amount \$692.37	7 Payee address; City; State: Zip Code 4701 Ih 37 Corpus Christi, TX 78408-3003	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> 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 05/31/2020	5 Payee name IBC Bank	
6 Amount \$16.10	7 Payee address; City; State: Zip Code 221 S Shoreline Blvd Corpus Christi, TX 78401-2833	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> 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 06/01/2020	5 Payee name IBC Bank	
6 Amount \$2.50	7 Payee address; City; State: Zip Code 221 S Shoreline Blvd Corpus Christi, TX 78401-2833	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Barbara Canales	3. Filer ID (Ethics Commission Filers)
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4 Date 06/01/2020	5 Payee name Pete McRae
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6 Amount \$4,200.00	7 Payee address; City: State: Zip Code 707 S Main St Ste 202 Georgetown, TX 78626-5700
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PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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4 Date 06/01/2020	5 Payee name Nueces County Democratic Party
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6 Amount \$1,000.00	7 Payee address; City: State: Zip Code 2701 Morgan Ave Ste 600 Corpus Christi, TX 78405-1849
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PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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4 Date 06/02/2020	5 Payee name Answer Anytime Answering Service
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6 Amount \$69.23	7 Payee address; City: State: Zip Code 1345 Crescent Dr Corpus Christi, TX 78468-2601
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PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Barbara Canales	3. Filer ID (Ethics Commission Filers)
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4 Date 06/04/2020	5 Payee name NGP VAN
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6 Amount \$320.00	7 Payee address;	City;	State:	Zip Code
	48 Grove St Ste Somerville, MA 02144-2500			

PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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4 Date 06/08/2020	5 Payee name Dropbox
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6 Amount \$12.78	7 Payee address;	City;	State:	Zip Code
	333 Brannan St San Francisco, CA 94107-1810			

PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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4 Date 06/08/2020	5 Payee name Google
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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 at the top of this schedule) Office Overhead/Rental Expense	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Barbara Canales	3. Filer ID (Ethics Commission Filers)
4 Date 06/10/2020	5 Payee name Campaign Services LLC	
6 Amount \$1,500.00	7 Payee address; City: State: Zip Code 7901 Cameron Rd Ste 3-378 Austin, TX 78754-3880	
PURPOSE OF EXPENDITURE	8 (a) Category (See categories listed at the top of this schedule) Consulting Expense	
	(b) Description	
<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> 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 06/29/2020	5 Payee name Full Speed Ahead Crawfish Food Truck	
6 Amount \$1,082.50	7 Payee address; City: State: Zip Code	
PURPOSE OF EXPENDITURE	8 (a) Category (See categories listed at the top of this schedule) Event Expense	
	(b) Description	
<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> 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 06/30/2020	5 Payee name IBC Bank	
6 Amount \$15.95	7 Payee address; City: State: Zip Code 221 S Shoreline Blvd Corpus Christi, TX 78401-2833	
PURPOSE OF EXPENDITURE	8 (a) Category (See categories listed at the top of this schedule) Fees	
	(b) Description	
<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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