CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this	s form. 1. Filer	ID nmission Filers)	2. Total pages	filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR FIRST Barbara NICKNAME LAST Canales		MI	Date Received	JSE ONLY 108 RECORD 3: 27PM 15 2021
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS /PO BOX: APT/SUITE #	CITY STAT	78401	KA	RA SANDS JURT, NUECES COUNTY, TE
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (210) 633-7369	EXTEN	SION	Receipt #	Amount \$
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Scott NICKNAME LAST Humpel		MI SUFFIX	Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT 401 N Tancahua	CORPUS C		ZIP CODE 78401	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (210) 633-7369	R EXTENS	SION		
9 REPORT TYPE	✓ January 15 30th day be ☐ July 15 8th day before	ofore election	Runoff Exceeded Modified Reporting limit	appointment	er campaign tresurer (officeholder only) (Attach- COH-FR)
10 PERIOD COVERED	Month Day Year 07/01/2020	THROUGH	Month	Day Yea 12/31/2020	r
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE Primary General	Runoff O	ther	
12 OFFICE	OFFICE HELD (if any) Other Office: County Judge		13 OFFICE SOUGHT Other Office:	(if known) County Judge	
GO TO PAGE 2 2021-0015					
Forms provided by Texas E	unics commission www.etm	cs.state.tx.us			/1/2020

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

			- File ID (File) - Occasioning Filess)		
14 C/OH NAME	Barbara Canales	5 Filer ID (Ethics Commission Filers)			
16 NOTICE FROM POLITICAL COMMITTEE(S)	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	COMMITTEE NAME			
	GENERAL	,			
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	1 TOTAL UNITEMIZE OR GUARANTEES	D POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOAN OF LOANS OR CONTRIBUTIONS MADE ELECTRONICALLY)	s, \$0.00		
	2 TOTAL POLITICAL (OTHER THAN PLE	CONTRIBUTIONS IDGES, LOANS, OR GUARANTEES OF LOANS)	\$3,500.00		
EXPENDITURE TOTALS	3 TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$0.00		
	4 TOTAL POLITICAL	EXPENDITURES	\$7,528.50		
CONTRIBUTION BALANCE	5 TOTAL POLITICAL OF REPORTING PE	CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ERIOD	\$19,499.35		
OUTSTANDING LOAN TOTALS	6 TOTAL PRINCIPAL LAST DAY OF THE	AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD	\$0.00		
18 AFFIDAVIT		I swear, or affirm, under penalty of pe is true and correct and includes all inf me under Title 15, Election Code.	rjury, that the accompanying report formation required to be reported by		
		Barbara			
AFFIX NOTARY	STAMP / SEAL ABOVE	Signature of Candi	date or Officeholder		
Sworn to and subsc	ribed before me, by the sai	MINIMAN DOLLANDER IN CALIFFE	, this the		
15th day of	JAN. 20 20	to certify which with Section Hand and Sea W. GANSEC ID# 6718162 Notary Public	50 p		
Romanuta Signature of officer add	ministering oath Pr	STATE OF TEXAS	of officer administering oath		
		. * * * * * * * * * * * * * * * * * * *			

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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	\$3,500.00
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	UTIONS \$7,528.50
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTR	IBUTIONS \$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 BUSI	NESS OF C/OH \$0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTR	RIBUTIONS \$0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS AND CONTRIBUTIONS R TO FILER	RETURNED \$0.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.			Total pages Schedule A1: not available		
2. FILER NAME Barbara Canales			3. Filer ID (Ethics Commission Filers)		
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)		
10/05/2020	Enrique Martinez Davila		\$2,500.00		
	6. Contributor address; City; State	; ZIP Code			
	5424 W US Highway 90 San Antonio, TX 78227-42	9			
8. Principal occup	pation / Job title (See Instructions)	9 Employ	yer (See Instructions)		
Self employee	d .	Se	elf employed		
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)		
11/06/2020	Bayfront Marina Investments LP		\$1,000.00		
	6. Contributor address; City; State	; ZIP Code			
	707 N Shoreline Blvd Corpus Christi, TX 78401-232	4			
8. Principal occup	pation / Job title (See Instructions)	9 Employ	yer (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.

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee	Other (enter a category not listed above)					
Credit Card Payment	The Instruction Guide explains how	to complet				
Total pages Schedule F1:	FILER NAME Barbara Canales		3. File	r ID (Ethics Commission Filers)		
4 Dete						
4 Date 07/02/2020	5 Payee name Answer Anytime Answering Service					
6 Amount	7 Payee address; City;	;	State:	Zip Code		
\$69.23	1345 Crescent Dr Corpus Christi, TX 78468-260)1				
8 PURPOSE	(a) Category (See categories listed at the top of this sch	,	Descript			
OF	Office Overhead/Rental Expense	An	swering s	ervice		
EXPENDITURE	Check if travel outside of Texas, complete Schedule T	[Check i	f Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office	sought	Office held		
4 Date	5 Payee name					
07/02/2020	IBC Bank					
6 Amount	7 Payee address; City;		State:	Zip Code		
\$2.50	221 S Shoreline Blvd Corpus Christi, TX 78401	-2833				
8 PURPOSE	(a) Category (See categories listed at the top of this sch	edule) (b)	Descript	ion		
OF	Fees					
EXPENDITURE	Check if travel outside of Texas, complete Schedule T	[Check i	f Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office	sought	Office held		
4 Date	5 Payee name					
07/03/2020	NGP VAN					
6 Amount \$320.00	7 Payee address; City;	\$	State:	Zip Code		
	48 Grove St Ste Somerville, MA 02144-2500					
8 PURPOSE	(a) Category (See categories listed at the top of this sch		Descript			
PURPOSE OF	Office Overhead/Rental Expense	Da	tabase ma	nagement		
EXPENDITURE	Check if travel outside of Texas, complete Schedule T	[Check i	if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office	sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDU	LE AS I	NEEDED		

	EXPENDIT	URE CATEGORIES	FOR BO	JX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee	Event Expense Fees Food/Beverage Expense y Gift/Awards/Memorials Expense Legal Services	Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contrac		Transporta Expense Travel In I Travel Out	
Credit Card Payment	The Instruction Guid	de explains how to cor	mplete t		or a satisfier y not noted above,
1. Total pages Schedule F1:	2. FILER NAME		3.	Filer ID (Eth	cs Commission Filers)
	Barbara Canales				
4 Date	5 Payee name				
07/07/2020 6 Amount	Dropbox	City;	Stat	to:	Zip Code
\$12.78	7 Payee address; 333 Brannan St San Francisco,		Sta	ie.	Zip Code
8 PURPOSE	(a) Category (See categories listed	at the top of this schedule)		scription	
OF	Office Overhead/Rental Expense		Databa	ase	
EXPENDITURE	Check if travel outside of Texas, con				, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office so	ought	Office held
4 Date	5 Payee name				
07/07/2020	Google				7: 0 !
6 Amount \$12.79	7 Payee address; 1600 Amphitheatre Pkwy Mour	City; ntain View, CA 94043-1	Stat 1351	te.	Zip Code
8	(a) Category (See categories listed	at the tar of this cabadula)	(h) Des	scription	
PURPOSE	Office Overhead/Rental Expense	at the top of this schedule)	Office		
OF EXPENDITURE	Office Overhead/Rental Expense				
	Check if travel outside of Texas, cor				, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	,	Office so	ought	Office held
4 Date	5 Payee name				
07/13/2020	Rudy's BBQ				
6 Amount	7 Payee address;	City;	Stat	te:	Zip Code
\$1,096.03	6106 S Padre Island Dr Corpus	Christi, TX 78412-4010)		
8	(a) Category (See categories listed	at the top of this schedule)	1 ' '	scription	
PURPOSE OF	Contributions/Donations Made By		Food d	donation	
EXPENDITURE	Candidate/Officeholder/Political Co Check if travel outside of Texas, cor			Check if Auetin TV	, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office so		Office held
	ATTACH ADDITIONAL COP	PIES OF THIS SCHE	DULE	AS NEEDEI	9

	EXPENDIT	URE CATEGORIES	FOR BOX	0(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee	Event Expense Fees Food/Beverage Expense y Gift/Awards/Memorials Expense Legal Services	Office Overhead/Renta Polling Expense Printing Expense Salaries/Wages/Contra		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 Gui	de explains how to co	mplete this		
1. Total pages Schedule F1:	2. FILER NAME		3. Fil	ler ID (Ethics Commission Filers)	
	Barbara Canales				
4 Date	5 Payee name				
07/31/2020	IBC Bank				
6 Amount \$14.70	7 Payee address; 221 S Shoreline Blvd Corpus C	City; Christi, TX 78401-2833	State:	Zip Code	
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descri	22	
PURPOSE	Fees		Banking fe	ees	
EXPENDITURE	Check if travel outside of Texas, co	mplete Schedule T	Chec	ck if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	ht Office held	
4 Date	5 Payee name				
07/31/2020	IBC Bank				
6 Amount \$14.70	7 Payee address;	City;	State:	Zip Code	
	221 S Shoreline Blvd Corpus C	Christi, TX 78401-2833			
8 PURPOSE	(a) Category (See categories listed	at the top of this schedule)	(b) Descri	· · · · · · · · · · · · · · · · · · ·	
PURPOSE OF	Fees		Banking fe	ees	
EXPENDITURE				It is Augstin. TV afficeholder living evenens	
9 Complete ONLY if direct	Check if travel outside of Texas, co		Office sough	ck if Austin, TX, officeholder living expense	
expenditure to benefit C/OH	Candidate/Officeriolder frame		Office Sough	The state with	
4 Date	5 Payee name				
08/02/2020	Answer Anytime Answering Se	ervice			
6 Amount	7 Payee address;	City;	State:	Zip Code	
\$69.23					
	1345 Crescent Dr Corpus Chris	sti, TX 78468-2601			
8	(a) Category (See categories listed	at the ten of this ashedula	(b) Descri	iption	
PURPOSE	Office Overhead/Rental Expense	at the top of this schedule)	Answering	35	
OF EXPENDITURE	Office Overnead/Rental Expense				
EXPENDITORE	Check if travel outside of Texas, co	mplete Schedule T	Chec	ck if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	ht Office held	
	ATTACH ADDITIONAL COP	PIES OF THIS SCH	EDULE AS	S NEEDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Office Overhead/Rental **Event Expense** Advertising Expense Transportation Equipment & Related Accounting/Banking Polling Expense Expense Food/Beverage Expense Printing Expense Consulting Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Travel In District Travel Out of District Candidate/Officeholder/Political Legal Services Other (enter a category not listed above) Committee The Instruction Guide explains how to complete this form. Credit Card Payment 3. Filer ID (Ethics Commission Filers) 1. Total pages Schedule F1: 2. FILER NAME Barbara Canales 4 Date 5 Payee name 08/02/2020 **IBC** Bank State: Zip Code City; 7 Payee address; 6 Amount \$2.50 221 S Shoreline Blvd Corpus Christi, TX 78401-2833 (b) Description 8 (a) Category (See categories listed at the top of this schedule) **PURPOSE** Banking fees Fees OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas, complete Schedule T Office held Office sought Candidate/Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH 5 Payee name 4 Date NGP VAN 08/03/2020 Zip Code State: City; 7 Pavee address; 6 Amount \$320.00 48 Grove St Ste Somerville, MA 02144-2500 (b) Description 8 (a) Category (See categories listed at the top of this schedule) **PURPOSE** Database management Office Overhead/Rental Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas, complete Schedule T Office held Office sought 9 Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH 5 Pavee name 4 Date NAACP Corpus Christi Chapter 08/06/2020 Zip Code State: City; 7 Payee address; 6 Amount \$30.00 PO Box 2921 Corpus Christi, TX 78403-2921 (b) Description 8 (a) Category (See categories listed at the top of this schedule) **PURPOSE** Membership dues Contributions/Donations Made By OF Candidate/Officeholder/Political Co **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas, complete Schedule T Office held Office sought Candidate/Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

	EXPENDITURE CATEGORIES	FUR	DUX o(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee	Event Expense Office Overhead/Renta Fees Polling Expense Food/Beverage Expense Printing Expense Gift/Awards/Memorials Expense Legal Services		Transpo Expense or Travel Ir Travel C	ion/Fundraising Expense ortation Equipment & Related e n District Out of District enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains how to co	omplet			
Total pages Schedule F1:	2. FILER NAME Barbara Canales		3. Filer ID (E	thics Commission Filers)	
4 Date	5 Payee name				
08/07/2020	Dropbox			7in Onda	
6 Amount \$12.78	7 Payee address; City; 333 Brannan St San Francisco, CA 94107-1810	5	State:	Zip Code	
0	(a) Cotogoni	(b) [Description		
PURPOSE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	1, ,	abase		
OF EXPENDITURE	Check if travel outside of Texas, complete Schedule T	Г	Check if Austin,	TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office	sought	Office held	
4 Date	5 Payee name				
08/07/2020	Google				
6 Amount \$12.79	7 Payee address; City; 1600 Amphitheatre Pkwy Mountain View, CA 94043		State:	Zip Code	
8	(a) Category (See categories listed at the top of this schedule)	1, ,	Description		
PURPOSE OF	Office Overhead/Rental Expense	Off	fice app		
EXPENDITURE	Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct	Check if travel outside of Texas, complete Schedule T Candidate/Officeholder name	Office	sought	Office held	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolider frame		3		
4 Date	5 Payee name				
08/18/2020	Flour Bluff Padre Island 4H				
6 Amount	7 Payee address; City;	5	State:	Zip Code	
\$1,000.00	Flour Bluff Padre Island Corpus Christi, TX 78418				
8	(a) Category (See categories listed at the top of this schedule)	(b) I	Description		
PURPOSE OF	Contributions/Donations Made By Candidate/Officeholder/Political Committee		nation		
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	HEDUI	LE AS NEED	DED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Advertising Expense **Event Expense** Office Overhead/Rental Accounting/Banking Polling Expense Transportation Equipment & Related Fees Expense Consulting Expense Food/Beverage Expense **Printing Expense** Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Travel Out of District Candidate/Officeholder/Political Legal Services 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 3. Filer ID (Ethics Commission Filers) Barbara Canales 4 Date 5 Payee name 08/31/2020 IBC Bank City; State: Zip Code 6 Amount 7 Payee address; \$14.70 221 S Shoreline Blvd Corpus Christi, TX 78401-2833 8 (b) Description (a) Category (See categories listed at the top of this schedule) **PURPOSE** Banking fees Fees OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas, complete Schedule T Office sought Office held Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH 4 Date 5 Payee name Answer Anytime Answering Service 09/02/2020 City; State: Zip Code 7 Payee address; 6 Amount \$69.23 1345 Crescent Dr Corpus Christi, TX 78468-2601 8 (a) Category (See categories listed at the top of this schedule) (b) Description **PURPOSE** Answering service Office Overhead/Rental Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas, complete Schedule T Office sought Office held 9 Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH 5 Payee name 4 Date 09/02/2020 **IBC** Bank Zip Code City; State: 7 Payee address; 6 Amount \$2.50 221 S Shoreline Blvd Corpus Christi, TX 78401-2833 (b) Description 8 (a) Category (See categories listed at the top of this schedule) **PURPOSE** Banking fees Fees OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas, complete Schedule T Office sought Office held 9 Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment	y Gift/Awards/Memorials Expense Legal Services		ct Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)
		de explains how to cor		
Total pages Schedule F1:	2. FILER NAME Barbara Canales		3. Fi	ler ID (Ethics Commission Filers)
4 Date 09/03/2020	5 Payee name NGP VAN		Λ.	
6 Amount \$346.40	7 Payee address;	City;	State:	Zip Code
	48 Grove St Ste Somerville, MA	A 02144-2500		
8 PURPOSE	(a) Category (See categories listed Office Overhead/Rental Expense	at the top of this schedule)	(b) Descri Database r	ption nanagement
OF EXPENDITURE	Office Overhead Renail Expense			
	Check if travel outside of Texas, cor	mplete Schedule T	Chec	k 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	5 Payee name			
09/08/2020	Google			
6 Amount \$12.79	7 Payee address;	City;	State:	Zip Code
	1600 Amphitheatre Pkwy Mour	ntain view, CA 94043-1	1331	
8 PURPOSE	(a) Category (See categories listed	at the top of this schedule)	(b) Descri	
PURPOSE OF	Office Overhead/Rental Expense		Office app	
EXPENDITURE	Check if travel outside of Texas, cor	mplete Schedule T	Chec	k 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	5 Payee name			
09/29/2020	Dominos Pizaa			
6 Amount \$239.70	7 Payee address;	City;	State:	Zip Code
9237.10	2714 S Staples St Corpus Chris	ti, TX 78404-3604		
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descri	ption
PURPOSE OF	Event Expense		Food dona	tion
EXPENDITURE	Check if travel outside of Texas, cor			k if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	nt Office held
	ATTACH ADDITIONAL COP	PIES 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	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contrac	et Labor	Transportation E Expense Travel In District Travel Out of Di	
Credit Card Payment	The Instruction Guid	de explains how to con	nplete thi	s form.	
Total pages Schedule F1:	FILER NAME Barbara Canales		3. 1	Filer ID (Ethics Co	ommission Filers)
4 Date 09/30/2020	5 Payee name IBC Bank				
6 Amount \$14.90	7 Payee address; 221 S Shoreline Blvd Corpus C	City; Christi, TX 78401-2833	State		Zip Code
8 PURPOSE OF	(a) Category (See categories listed Fees	at the top of this schedule)	(b) Desc Banking	-	
EXPENDITURE	Check if travel outside of Texas, co			eck if Austin, TX, office	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	(Office sou	ght	Office held
4 Date	5 Payee name				
10/01/2020	Genesis Eakes International	0.1	01-1-		Zin Codo
6 Amount \$697.00	7 Payee address; 1256 Wurzbach San Antonio, 1	City;	State	•	Zip Code
8 PURPOSE	(a) Category (See categories listed	at the top of this schedule)	(b) Desc	cription ational Development	
OF	Consulting Expense		Organiza	ational Development	
EXPENDITURE	Check if travel outside of Texas, co	mplete Schedule T	Ch	eck if Austin, TX, office	holder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sou	ght	Office held
4 Date	5 Payee name				
10/02/2020	Answer Anytime Answering So		01-1-		Zin Oada
6 Amount \$69.23	7 Payee address; 1345 Crescent Dr Corpus Chris	City; sti, TX 78468-2601	State	:	Zip Code
8 PURPOSE OF	(a) Category (See categories listed Office Overhead/Rental Expense	at the top of this schedule)	(b) Desc Answeri	cription ing service	
EXPENDITURE	Check if travel outside of Texas, co	molete Schedule T	ПСЬ	eck if Austin, TX, office	eholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sou		Office held
	ATTACH ADDITIONAL COR	PIES OF THIS SCHE	EDULE A	AS NEEDED	

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee	/ 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	le explains how to cor	nplete this	form.	
Total pages Schedule F1:	FILER NAME Barbara Canales		3. Fi	iler ID (Ethics Commission Filers)	
4 Date 10/02/2020	5 Payee name IBC Bank				
6 Amount \$2.50	7 Payee address;	City;	State:	Zip Code	
	221 S Shoreline Blvd Corpus C	hristi, TX 78401-2833			
8 PURPOSE OF	(a) Category (See categories listed Fees	at the top of this schedule)	(b) Descr Banking f		
EXPENDITURE	Check if travel outside of Texas, cor			eck if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	,	Office soug	ht Office held	
4 Date	5 Payee name				
10/03/2020	NGP VAN				
6 Amount \$346.40	7 Payee address; 48 Grove St Ste Somerville, MA	City; A 02144-2500	State:	Zip Code	
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descr	ription	
PURPOSE OF	Office Overhead/Rental Expense	,	Database	management	
EXPENDITURE	Check if travel outside of Texas, cor	mplete Schedule T	Che	eck if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office soug	ht Office held	
4 Date	5 Payee name	La Andrea Debication of the Control			
10/07/2020	Dropbox				
6 Amount \$12.78	7 Payee address; 333 Brannan St San Francisco,	City; CA 94107-1810	State:	Zip Code	
8 PURPOSE OF	(a) Category (See categories listed Office Overhead/Rental Expense	at the top of this schedule)	(b) Descr Database		
EXPENDITURE	Check if travel outside of Texas, cor	mplete Schedule T	Che	eck if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office soug	ght Office held	
	ATTACH ADDITIONAL COF	PIES OF THIS SCH	EDULE A	S NEEDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Office Overhead/Rental Solicitation/Fundraising Expense Event Expense Transportation Equipment & Related Polling Expense Accounting/Banking Fees Expense Consulting Expense Food/Beverage Expense **Printing Expense** Contributions/Donations Made By Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Travel In District Travel Out of District Candidate/Officeholder/Political Legal Services Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3. Filer ID (Ethics Commission Filers) 1. Total pages Schedule F1: |2. FILER NAME Barbara Canales 4 Date 5 Payee name 10/07/2020 Google State: Zip Code 6 Amount 7 Payee address; City; \$12.79 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351 (b) Description 8 (a) Category (See categories listed at the top of this schedule) **PURPOSE** Google app Office Overhead/Rental Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas, complete Schedule T Office sought Office held Candidate/Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH 5 Payee name 4 Date 10/31/2020 IBC Bank Zip Code State: City; 6 Amount 7 Payee address; \$15.55 221 S Shoreline Blvd Corpus Christi, TX 78401-2833 (b) Description 8 (a) Category (See categories listed at the top of this schedule) **PURPOSE** Banking fees OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas, complete Schedule T Office held Office sought 9 Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH 4 Date 5 Payee name 11/02/2020 Answer Anytime Answering Service State: Zip Code 7 Pavee address: City; 6 Amount \$69.23 1345 Crescent Dr Corpus Christi, TX 78468-2601 8 (b) Description (a) Category (See categories listed at the top of this schedule) **PURPOSE** Answering service Office Overhead/Rental Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas, complete Schedule T Office held Office sought 9 Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
Candidate/Officeholder/Political Committee	Fees	Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contrac		Transportation Expense Travel In Distriction Travel Out of	
Credit Card Payment	The Instruction Guid	e explains how to cor	mplete	this form.	
Total pages Schedule F1:	FILER NAME Barbara Canales		3	3. Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name				
11/02/2020	IBC Bank				
6 Amount	7 Payee address;	City;	St	tate:	Zip Code
\$2.50	221 S Shoreline Blvd Corpus Cl	nristi, TX 78401-2833			
8	(a) Category (See categories listed a	t the top of this schedule)	(b) D	escription	
PURPOSE OF	Fees		Bank	king fees	
EXPENDITURE	Check if travel outside of Texas, com	plete Schedule T		Check if Austin, TX, or	fficeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	(Office	sought	Office held
4 Date	5 Payee name				
11/03/2020	NGP VAN				
6 Amount	7 Payee address;	City;	St	tate:	Zip Code
\$346.40	48 Grove St Ste Somerville, MA	. 02144-2500			
8 PURPOSE	(a) Category (See categories listed a	t the top of this schedule)		escription	
OF	Office Overhead/Rental Expense		Data	base management	
EXPENDITURE	Check if travel outside of Texas, com	inlata Schadula T		Check if Auetin TX of	ficeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name		Office s	-	Office held
expenditure to benefit C/OH	Candidate/Officerolder flame		011100	oug	
4 Date	5 Payee name				
11/03/2020	Edward Shack				
6 Amount	7 Payee address;	City;	St	ate:	Zip Code
\$810.00	1118 Bellvue Austin, TX 78756				
8	(a) Category (See categories listed a	t the top of this schedule)	(b) D	escription	
PURPOSE	Consulting Expense	t the top of the concurre		paign Consultant	
OF EXPENDITURE	Consulting Expense				
	Check if travel outside of Texas, com				ficeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	,	Office s	sought	Office held
	ATTACH ADDITIONAL COP	ES OF THIS SCHE	DULI	E AS NEEDED	

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B 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 Travel In District				
1. Total pages Schedule F1:	2. FILER NAME		3. Filer ID (E	thics Commission Filers)	
	Barbara Canales				
4 Date	5 Payee name				
11/04/2020	Cotton Community 4-H				
6 Amount \$300.00	7 Payee address; City;	\$	State:	Zip Code	
	Cotton Community 4-H Robstown, TX 78380)			
8	(a) Category (See categories listed at the top of this:	schedule) (b) I	Description		
PURPOSE OF	Contributions/Donations Made By	onation			
EXPENDITURE	Candidate/Officeholder/Political Committee		_		
	Check if travel outside of Texas, complete Schedule			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				
11/06/2020	Google				
6 Amount	7 Payee address; City;	5	State:	Zip Code	
\$12.79	1600 Amphitheatre Pkwy Mountain View, Ca	A 94043-1351	-		
8	(a) Category (See categories listed at the top of this	schedule) (b) [Description		
PURPOSE OF	Office Overhead/Rental Expense	Off	rice app		
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	
1 Dete	5 Davida maria				
4 Date 11/06/2020	5 Payee name Google				
6 Amount	7 Payee address; City;		State:	Zip Code	
\$12.79	rayee address,		idio.	2.6 0000	
	1600 Amphitheatre Pkwy Mountain View, CA	A 94043-1351			
8	(a) Category (See categories listed at the top of this s	ACT	Description		
PURPOSE OF	Office Overhead/Rental Expense	Off	ice app		
EXPENDITURE	Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct	Check if travel outside of Texas, complete Schedule T		sought	Office held	
expenditure to benefit C/OH	Candidate/Officeriolder frame				
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDUL	LE AS NEED	ED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Office Overhead/Rental **Event Expense** Advertising Expense Transportation Equipment & Related Polling Expense Accounting/Banking Fees Expense Consulting Expense **Printing Expense** Food/Beverage Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Travel In District Travel Out of District Candidate/Officeholder/Political Legal Services Other (enter a category not listed above) Committee The Instruction Guide explains how to complete this form. Credit Card Payment 3. Filer ID (Ethics Commission Filers) 1. Total pages Schedule F1: 2. FILER NAME Barbara Canales 5 Payee name 4 Date 11/07/2020 Dropbox Zip Code State: City; 7 Payee address; 6 Amount \$12.78 333 Brannan St San Francisco, CA 94107-1810 (b) Description 8 (a) Category (See categories listed at the top of this schedule) **PURPOSE** Database Office Overhead/Rental Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas, complete Schedule T Candidate/Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH 4 Date 5 Payee name Cricket Wireless 11/16/2020 Zip Code State: City; 6 Amount 7 Payee address; \$178.00 4102 S Staples St Corpus Christi, TX 78411-2100 (b) Description (a) Category (See categories listed at the top of this schedule) **PURPOSE** Phone services Office Overhead/Rental Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas, complete Schedule T Office held Office sought Candidate/Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH 5 Pavee name 4 Date 11/30/2020 IBC Bank Zip Code City; State: 7 Payee address; 6 Amount \$16.95 221 S Shoreline Blvd Corpus Christi, TX 78401-2833 (b) Description (a) Category (See categories listed at the top of this schedule) **PURPOSE** Banking fees Fees OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas, complete Schedule T Office held Office sought 9 Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Office Overhead/Rental Advertising Expense **Event Expense** Transportation Equipment & Related Polling Expense Accounting/Banking Fees **Printing Expense** Expense Consulting Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Travel Out of District Candidate/Officeholder/Political Legal Services 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 3. Filer ID (Ethics Commission Filers) Barbara Canales 4 Date 5 Payee name Answer Anytime Answering Service 12/02/2020 State: Zip Code 6 Amount 7 Payee address; \$69.23 1345 Crescent Dr Corpus Christi, TX 78468-2601 8 (b) Description (a) Category (See categories listed at the top of this schedule) **PURPOSE** Answering service Office Overhead/Rental Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas, complete Schedule T Office sought Office held 9 Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH 5 Payee name 4 Date 12/02/2020 **IBC** Bank Zip Code City; State: 7 Payee address; 6 Amount \$2.50 221 S Shoreline Blvd Corpus Christi, TX 78401-2833 (b) Description (a) Category (See categories listed at the top of this schedule) **PURPOSE** Banking fees OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas, complete Schedule T Office held 9 Complete ONLY if direct Office sought Candidate/Officeholder name expenditure to benefit C/OH 5 Payee name 4 Date 12/03/2020 NGP VAN Zip Code City; State: 7 Payee address; 6 Amount \$346.40 48 Grove St Ste Somerville, MA 02144-2500 (b) Description 8 (a) Category (See categories listed at the top of this schedule) **PURPOSE** Database management Office Overhead/Rental Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas, complete Schedule T Office held Office sought 9 Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

	EXPENDIT	URE 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 y Gift/Awards/Memorials Expense Legal Services	Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contract		Solicitation/Fundraisi Transportation Equip Expense Travel In District Travel Out of District Other (enter a categor	ment & Related		
Credit Card Payment The Instruction Guide explains how to complete this form.							
Total pages Schedule F1:	FILER NAME Barbara Canales		3. Fi	ler ID (Ethics Comm	nission Filers)		
4 Date	5 Payee name						
12/07/2020	Dropbox						
6 Amount \$12.78	7 Payee address; 333 Brannan St San Francisco,	City; CA 94107-1810	State:	Zip	Code		
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descri	iption			
PURPOSE OF	Office Overhead/Rental Expense Database						
EXPENDITURE	Check if travel outside of Texas, co	mplete Schedule T	Chec	ck if Austin, TX, officeholde	er living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	4	Office sough	ht	Office held		
4 Date	5 Payee name						
12/18/2020	Downtown Management Distri						
6 Amount	7 Payee address;	City;	State:	Zip	Code		
\$324.75	223 N Chaparral St Corpus Ch	risti, TX 78401-2503					
8 PURPOSE	(a) Category (See categories listed	at the top of this schedule)	(b) Descri	iption			
PURPOSE OF	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	Check if travel outside of Texas, co		Office sough		Office held		
expenditure to benefit C/OH	Candidate/Officeriolder flame		omoo ooug.				
4 Date	5 Payee name						
12/30/2020	POCA						
6 Amount	7 Payee address;	City;	State:	Zip	Code		
\$150.00							
	POCA Corpus Christi, TX 784	01					
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descri	iption			
PURPOSE	Contributions/Donations Made By		Donation				
OF EXPENDITURE	Candidate/Officeholder/Political Co						
	Check if travel outside of Texas, co			ck if Austin, TX, officeholde	Office held		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	iii.	Onice field		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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	Legal Services	100 (100 ° 100 °	ict Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)			
Total pages Schedule F1:	2. FILER NAME		3. F	Filer ID (Ethics Commission Filers)			
	Barbara Canales						
4 Date	5 Payee name						
12/31/2020	IBC Bank						
6 Amount	7 Payee address;	City;	State:	Zip Code			
\$14.90	221 S Shoreline Blvd Corpus Christi, TX 78401-2833						
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) (b) [(b) Desc	ription			
			Banking	Banking fees			
	Check if travel outside of Texas, co	omplete Schedule T	Che	eck if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office soug	ght Office held			