



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (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

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 921.89

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 10,100.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 70.00

4. TOTAL POLITICAL EXPENDITURES \$ 5,625.71

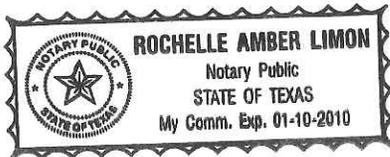
CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 5,326.18

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$

18 AFFIDAVIT



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

*Diana Barrera*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Diana Barrera, this the 15 day of July, 2014, to certify which, witness my hand and seal of office.

*Rochelle A. Limon*  
Signature of officer administering oath

Rochelle A. Limon  
Printed name of officer administering oath

Election Mgr  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>8</b>	
2 FILER NAME <b>DIANA BARRERA</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>1/27/14</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mary A. Tapia</b> 6 Contributor address; City; State; Zip Code <b>2409 Sarita Street, Corpus Christi, TX 78405</b>	7 Amount of contribution (\$) <b>2,000.00</b>	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>2/6/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Block Realty LLP</b> Contributor address; City; State; Zip Code <b>1316 S. Staples, St., Corpus Christi, TX 78404</b>	Amount of contribution (\$) <b>200.00</b>	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>1/31/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Betty Jean Longoria</b> Contributor address; City; State; Zip Code <b>4205 Aaron Cove, Corpus Christi, TX 78413</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>1/31/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mary E. Gonzalez</b> Contributor address; City; State; Zip Code <b>1703 Cancun Drive, Mansfield, TX 76063</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/3/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Laura Garza Jimenez</b> Contributor address; City; State; Zip Code <b>11544 UpRiver Rd., Corpus Christi, TX 78410</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME DIANA BARRERA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/17/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernadette B. Vela 6 Contributor address; City; State; Zip Code 6702 Long Meadow Dr., Corpus Christi, TX 78413	7 Amount of contribution (\$) 100.00  (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2/27/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barbara Cline Contributor address; City; State; Zip Code P.O. Box 8396, Corpus Christi, TX 78468	Amount of contribution (\$) 100.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/3/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grace Tapia Contributor address; City; State; Zip Code 4917 Mable St., Corpus Christi, TX 78411	Amount of contribution (\$) 300.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME DIANA BARRERA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/27/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael J. Shelly 6 Contributor address; City; State; Zip Code 106 Alta Plaza, Corpus Christi, TX 78411	7 Amount of contribution (\$) 250.00  (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions) Nueces Title Company	
Date 2/27/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebarger, Goggan Blair & Sampson, LLP Contributor address; City; State; Zip Code P.O. Box 17428, Austin, TX 78760	Amount of contribution (\$) 300.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Linebarger, Goggan Blair & Sampson	
Date 2/27/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mona Baen Contributor address; City; State; Zip Code 5102 Holly Road, Corpus Christi, TX 78411	Amount of contribution (\$) 100.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/27/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ann Hennis Contributor address; City; State; Zip Code 4763 Ocean Drive, Corpus Christi, TX 78413	Amount of contribution (\$) 100.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/27/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert R. Bezdek Contributor address; City; State; Zip Code 199 CR 327, George West, TX 78022	Amount of contribution (\$) 100.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME DIANA BARRERA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/27/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abel Herrero dba Abel Herrero Campaign 6 Contributor address; City; State; Zip Code P.O. Box 2923 Corpus Christi, TX 78403-2923	7 Amount of contribution (\$) 250.00  (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2/27/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rebecca Palacios Contributor address; City; State; Zip Code 7214 Pharaoh Drive, Corpus Christi, TX 78412	Amount of contribution (\$) 150.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Self-Employed	
Date 2/28/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kyle Chaney Contributor address; City; State; Zip Code 22035 Girard Oaks, San Antonio, TX 78258-2773	Amount of contribution (\$) 1,000 <input checked="" type="checkbox"/>  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/28/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott Fausto Contributor address; City; State; Zip Code 207 Circle Haven, Canyon Lake, TX	Amount of contribution (\$) 300.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/2/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe A. Gonzalez Contributor address; City; State; Zip Code 4009 D Oak Forrest Corpus Christi, TX 78413	Amount of contribution (\$) 100.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME DIANA BARRERA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/4/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alia P. Wakefield 6 Contributor address; City; State; Zip Code PO Box 261084, Corpus Christi, TX 78410	7 Amount of contribution (\$) 100.00  (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/21/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LINEBARGER GOGGAN BLAIR & SAMPSON, LLP Contributor address; City; State; Zip Code PO BOX 17428 AUSTIN TX 78760	Amount of contribution (\$) 500.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/7/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael S. Landry Contributor address; City; State; Zip Code 9303 Sinfonia Dr., Houston, TX 77040	Amount of contribution (\$) 250.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/27/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anna M. Flores Contributor address; City; State; Zip Code PO Box 10807, Corpus Christi, TX 78460-0807	Amount of contribution (\$) 100.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions) IMP International Meeting Planners, Inc.	
Date 6/27/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amanda Kellar Contributor address; City; State; Zip Code PO Box 2684, Corpus Christi, TX 78403	Amount of contribution (\$) 250.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME DIANA BARRERA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/27/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert C. Morris 6 Contributor address; City; State; Zip Code 509 Brawner Parkway, Corpus Christi, TX 78411	7 Amount of contribution (\$) 250.00  (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/27/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dorothy Spann Contributor address; City; State; Zip Code 502 Del Mar Blvd., Corpus Christi, TX 78404	Amount of contribution (\$) 100.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/27/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ernest R. Garza Contributor address; City; State; Zip Code 10201 Leopard Street, Corpus Christi, TX 78410	Amount of contribution (\$) 250.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/27/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Bell Contributor address; City; State; Zip Code 13750 Primavera Dr., Corpus Christi, TX 78418	Amount of contribution (\$) 250.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/27/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark B. Gilbreath Contributor address; City; State; Zip Code 5926 Staples, Suite A2, Corpus Christi, TX	Amount of contribution (\$) 250.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

DIANA BARRERA

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3/20/14

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Anthony LaMantia

6 Contributor address; City; State; Zip Code

8761 State Hwy. 44, Corpus Christi, TX 78406

7 Amount of contribution (\$)

1,000.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5/4/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Canales & Simonson

Contributor address; City; State; Zip Code

2601 Morgan Ave., Corpus Christi, TX 78405

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/4/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Margaret J. DiClemente

Contributor address; City; State; Zip Code

15357 Mutiny Ct., Corpus Christi, TX 78418

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/4/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Nancy J. Devlin

Contributor address; City; State; Zip Code

15357 Mutiny Ct., Corpus Christi, TX 78418

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/4/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Robert Adler

Contributor address; City; State; Zip Code

P.O. Box 6406, Corpus Christi, TX 78466

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME DIANA BARRERA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/4/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert J. Vargas 6 Contributor address; City; State; Zip Code (Redacted)	7 Amount of contribution (\$) 100.00  (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/4/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernadette B. Vela Contributor address; City; State; Zip Code 6702 Long Meadow Dr., Corpus Christi, Texas	Amount of contribution (\$) 100.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/4/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ret. Judge Mike Westergren Contributor address; City; State; Zip Code (Address Redacted)	Amount of contribution (\$) 100.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/4/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margaret Banales Contributor address; City; State; Zip Code 3134 Seven Trees Dr., Corpus Christi, TX 78410	Amount of contribution (\$) 100.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/4/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James E. Klein Contributor address; City; State; Zip Code 3501 Monterrey St., Corpus Christi, TX 78411	Amount of contribution (\$) 100.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: <b>4</b>	<b>2</b> FILER NAME <b>DIANA BARRERA</b>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <b>01/25/14</b>	<b>5</b> Payee name <b>Allied Advertising</b>	
<b>6</b> Amount (\$) <b>\$800.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>3700 Blanco Road, San Antonio, Texas 78212</b>	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Printing Expense</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Campaign Signs</b>
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date <b>1/8/14</b>	Payee name <b>Allied Advertising</b>	
Amount (\$) <b>1,083.55</b>	Payee address; City; State; Zip Code <b>3700 Blanco Road, San Antonio, Texas 78212</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Printing Expenses</b>	Description (If travel outside of Texas, complete Schedule T) <b>Campaign Signs</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date <b>2/28/14</b>	Payee name <b>Bleu Bistro</b>	
Amount (\$) <b>513.00</b>	Payee address; City; State; Zip Code <b>500 N. Water Street, Corpus Christi, Texas 78401</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Food expenses for Fundraising Event</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date <b>3/21/14</b>	Payee name <b>Bottomless Pit</b>	
Amount (\$) <b>160.00</b>	Payee address; City; State; Zip Code <b>2815 Leopard St, Corpus Christi, TX 78408</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Food Expense for Fundraising Event</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME DIANA BARRERA	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 3/24/14	<b>5</b> Payee name Lulac Council #1, 2014 Feria
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<b>6</b> Amount (\$) 425.00	<b>7</b> Payee address; City; State; Zip Code P.O. Box 10807, Corpus Christi, Texas 7860-0807
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) OTHER	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Sponsorship Fee
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/24/14	Payee name Melissa Ybanez
-----------------	------------------------------

Amount (\$) 530.00	Payee address; City; State; Zip Code 346 Indiana Ave., Corpus Christi, Texas 78404
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Campaign T-Shirts
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/15/14	Payee name Vanessa Fuentes
-----------------	-------------------------------

Amount (\$) 400.00	Payee address; City; State; Zip Code 3707 Manchaca Rd., #156, Austin, TX 78704
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) Database preparation
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/25/14	Payee name Mail and Stuff
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Amount (\$) 261.41	Payee address; City; State; Zip Code 6116 Ayers, Suite 5C Corpus Christi, TX 78415
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expenses	Description (If travel outside of Texas, complete Schedule T) Mailer expenses
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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

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME DIANA BARRERA	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 4/25/14	<b>5</b> Payee name HOBBY LOBBY	
<b>6</b> Amount (\$) 122.07	<b>7</b> Payee address; City; State; Zip Code 6116 Ayers, Suite 5C Corpus Christi, TX 78415	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Decorations for Fundraising Event
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date 5/1/14	Payee name Party City	
Amount (\$) 57.99	Payee address; City; State; Zip Code 4101 Us Highway 77 Ste K2, Corpus Christi, TX 78410	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Decorations for Fundraising Ev
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date 5/23/14	Payee name Diana Barrera	
Amount (\$) 486.32	Payee address; City; State; Zip Code PO Box 1872, Corpus Christi, TX 78401	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Reimbursement	Description (If travel outside of Texas, complete Schedule T) Printing and Supplies Expenses for Event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date 6/13/14	Payee name USPS	
Amount (\$) 98.00	Payee address; City; State; Zip Code Broadway Post office, Corpus Christi, TX 78401	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OTHER	Description (If travel outside of Texas, complete Schedule T) Purchase stamps for Mailer
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held

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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME DIANA BARRERA	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 6/19/14	<b>5</b> Payee name Allied Advertising Agency, Inc.	
<b>6</b> Amount (\$) 490.37	<b>7</b> Payee address; City; State; Zip Code 3700 Blanco Road, San Antonio, TX 78212	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Business Cards, Lapel Stickers
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date 6/19/14	Payee name Diana Barrera	
Amount (\$) 198.00	Payee address; City; State; Zip Code PO Box 1872 Corpus Christi, TX 78401	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other	Description (If travel outside of Texas, complete Schedule T) Reimbursement for Printing Expenses
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held

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