CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages f	iled:	
3 CANDIDATE / MS / MRS / MR FIRST OFFICEHOLDER Mr Rolando			MI G	OFFICE USE ONLY		
NAME	NICKNAME	LAST	CHEERY	Date Received		
	Roland	Barrera	36111X	Date File	$ed \frac{1}{17} \frac{23}{23}$	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;		CITY; STATE; ZIP CODE	RHu	Wa	
Change of Address	AREA CODE	DHONE NUMBER	EVENCION		a Huerta	
5 CANDIDATE/ OFFICEHOLDER PHONE	(361)	PHONE NUMBER 400-2484	EXTENSION		Cretatymarked	
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$	
TREASURER NAME	Mr	Richard	Α	Date Processed		
NAIVIE	NICKNAME	LAST	SUFFIX	. Date 1 locessed		
		Barrera		Date Imaged		
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / S	SUITE #; CITY;	STATE;	ZIP CODE	
TREASURER ADDRESS		•	Corpus Christi, TX 78401	STATE,	ZIF CODE	
(Residence or Business)	*					
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(361)	400-2484				
9 REPORT TYPE	January 15	30th day before 6	election Runoff		after campaign appointment der Only)	
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Repo	ort (Attach C/OH - FR)	
10 PERIOD COVERED	Month	Day Year	Month	Day Yea	ar	
COVERED	12,	/ 05 / 2022	THROUGH 12	/ 31 / 20	22	
11 ELECTION	ELECTION DA	TE	ELECTION TYPE			
	Month Day	Year Primary	Runoff Other			
		General	Description			
	12 / 13 /	²⁰²²				
12 OFFICE	OFFICE HELD (if any)	<u> </u>	13 OFFICE SOUGHT (if know	n)		
4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	City Council	District 3	City Council Distri			
14 NOTICE FROM			ACCEPTED OR POLITICAL EXPENDITURES		MMITTEES TO SUBBOOK	
POLITICAL	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURE	S MAY HAVE BEEN MADE WITHOUT THE CAN	IDIDATE'S OR OFFICEHO	LDER'S KNOWLEDGE OR	
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME					
	COMMITTEE THE COMMITTEE WANTE					
Additional Pages	GENERAL COMMITTEE ADDRESS					
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TR	REASURER ADDRESS			
		COTO	DACE 2			
		60 10	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	,	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ Itemized
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$5,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ Itemized
grapy to the sufficient	4. TOTAL POLITICAL EXPENDITURES	\$34,039.25
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	
18 SIGNATURE I s	swear, or affirm, under penalty of perjury, that the accompanying reports from	
	quired to be reported by me under Title 15, Election Code.	Seriot and molades an internation
160		
		_
*****	- KAI/	ndidate or Office better
ARY PUBLIC MA	COLATE LE MANAGINO D.	andidate or Officeholder
	ID# 13368975-7 Notary Public	
	STATE OF TEXAS	
My	Comm. Exp. 04-06-2026 >	
	→ → → → Please complete either option below	v.
(1) Affidavit		
NOTARY STAMP/SEA		
Sworn to and subscribed		17 day of January,
20 <u>23</u> , to certify	which witness my hand and seal of office. MOVIAN MONNINO	Notary public
Signature of officer administe		Title of officer administering oath
	OR	
(2) Unsworn Declarati		
- (m) Chickoth Decided		
My name is	, and my date of birth is	
My address is		
,	(street) (city)	state) (zip code) (country)
Executed in	County State of conthol doy of	
ENCOULED III	County, State of , on the day of (month	(year)
	Cimphun of Condi	date/Officeholder (Declarant)
	Signature of Candi	uateromoenoluer (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	9 FILER NAME 20 Filer ID (Ethics Com		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	1	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	÷	\$5,000.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$46,261.04
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$27,369.94
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	NDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT	IONS RETURNED	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

	The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1:
	FILER NAME				3 Filer ID (Ethics Commission Filers)
R	olando G. E	Barrera			
4	Date	5 Full name of contributor	7 Amount of contribution (\$)		
		Itemized		,	
		6 Contributor address;	City;	State; Zip Code	
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
_		,		- , , ,	
	D-4-	Full name of contributor	Out-of-state PAC	C (ID#:)	
	Date	Tull hards of contributor	bat-or-state TAC	, (154-	Amount of contribution (\$)
				State; Zip Code	
		Contributor address;	Cíty;	State, Zip Code	
				J	
	Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
	Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
			City;	State; Zip Code	
ļ	Principal occur	pation / Job title (See Instructions)		Employer (See Instruc	tions)
	•	,			
	Date	Full name of contributor			A
	Date	Pull flame of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
		Contributor address,	Oity,	Olato, Zip Godo	
_				<u> </u>	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
<u></u>					
				OF THIS SCHEDULE AS N	
I		If contributor is out-of-state PA	∪, piease see instr	uction guide for additional	reporting requirements.

Revised 8/17/2020

LOANS SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.

•					
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Rolando G. Bar	rera				
4 TOTAL OF UN	NITEMIZED LOANS		\$ 46,261.04		
5 Date of loan	7 Name of lender out-of-state I	PAC (ID#:)	9 Loan Amount (\$)		
12/07/2022	Rolando G. Barrera		\$6,261.04		
6 Is lender a financial Institution?	8 Lender address; City; 807 N Upper Broadway, Suite 102, C	State; Zip Code Corpus Christi, TX 78401	10 Interest rate .00		
YN			11 Maturity date		
	on / Job title (See Instructions)	42	None		
12 Principal occupation	on 7 Job title (See Instructions)	13 Employer (See Instructions)			
14 Description of Coll	ateral	15 Check if personal fun	ds were deposited into political		
none		account (See Instruc			
16 GUARANTOR INFORMATION	17 Name of guarantor	,	19 Amount Guaranteed (\$)		
	18 Guarantor address; City;	State; Zip Code			
not applicable					
20 Principal Occupat	l tion (See Instructions)	21 Employer (See Instructions)			
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)		
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate		
YN			Maturity date		
	on / Job title (See Instructions)	Employer (Co. Jack at 1997)			
, mospai occupan	on 7 300 title (See instructions)	Employer (See Instructions)			
Description of Coll	ateral	Check if personal fun	ds were deposited into political		
none		account (See Instruc			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
	Guarantor address; City;	State; Zip Code			
not applicable					
	 ion (See Instructions)	Employer (See Instructions)			
,	·	, , , , , , , , , , , , , , , , , , , ,			
lf le	ATTACH ADDITIONAL COP ender is out-of-state PAC, please see Ins	IES OF THIS SCHEDULE AS NE			
L		gaine for additional it	porting requirements.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor 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 Guide explains how to o	complete this form.		,
1 Total pages Schedule F1:	2 FILER NAME Rolando G. Barrera		3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payee name Itemized			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	in, TX, officeholder living	expense	
9 Complete ONLY if direct expenditure to benefit C/OF	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		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	g expense
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		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in. TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED	

Roland Barrera Campaign Expenses

Date	Expense	Vendor/Recipient	Amount	
	Food for Phone Bank	House of Rock	\$	86.36
	Tables and Chairs for Phone Bank	B&T Rents	\$	105.54
	Food for Phone Bank	Jason's Deli	\$	379.59
	Phone Bank	Third Coast Strategies	\$	5,295.00
12/9/2022		Prints Charming	\$	230.57
12/10/2022		Gulfcoast Mailing	\$	3,681.84
12/13/2022	Door to Door Canvassing	Campaign Services, LLC	\$	5,467.25
12/19/2022	Campaign Consulting	Murphy Nasica	\$	500.00
	Wire Transfer Fee	TXBCU	\$	17.50
	Video Production	Jon Guerra Production	\$	400.00
	Design Services	Mike Munoz	\$	507.50
	Phone Bank	Third Coast Strategies	\$	4,230.00
	Digital Media	Yellow Fin Digital	\$	13,100.00
12/31/2022	Bank Charge	Pay Pal	\$	38.10
			\$	34,039.25

Roland Barrera Campaign Contributions

Date	Contributor	Address	Amount
12/5/2022	Levy-Dykema PLLC	800 N Shoreline Blvd Ste 400 N, Corpus Christi, TX 78401	\$ 1,000.00
	Ayda Gonzalez	2707 Forest Spur, San Antonio, TX 78232	\$ 250.00
12/6/2022	Peter Melve	609 Bradshaw, Corpus Christi, TX 78412	\$ 250.00
12/7/2022	Ernest Garza	10201 Leopard St, Corpus Christi, TX 78410	\$ 1,000.00
	Wigington Rumley Dunn & Blair	123 North Carrizzo Street, Corpus Christi, TX 78401	\$ 250.00
	Christian Penuela	5854 Horizon Drive, Corpus Christi, TX 78408	\$ 250.00
12/12/2022	Valeria Ybarra	5702 Timbergate, Corpus Christi, TX 78414	\$ 500.00
12/20/2022	Gregory Smith	1746 Glenoak Dr, Corpus Christi, TX 78418	\$ 1,500.00
		Total	\$ 5,000.00