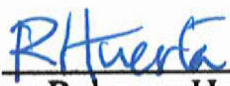


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Rolando G	OFFICE USE ONLY Date Received Date Filed 10/7/24  Rebecca Huerta City Secretary	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	NICKNAME LAST SUFFIX Roland Barrera		
5 CANDIDATE / OFFICEHOLDER PHONE	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 807 N. Upper Broadway, Suite 102 Corpus Christi, TX 78401		
6 CAMPAIGN TREASURER NAME	AREA CODE PHONE NUMBER EXTENSION (361) 400-2484		
7 CAMPAIGN TREASURER ADDRESS	MS / MRS / MR FIRST MI Mr. Richard	Receipt #	Amount \$
8 CAMPAIGN TREASURER PHONE	NICKNAME LAST SUFFIX Barrera	Date Processed	Date Imaged
9 REPORT TYPE	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 807 N. Upper Broadway, Suite 102 Corpus Christi, TX 78401	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	(Residence or Business)		
11 ELECTION	AREA CODE PHONE NUMBER EXTENSION (361) 400-2484	Month Day Year Month Day Year 07 / 01 / 2024 THROUGH 10 / 05 / 2024	
12 OFFICE	ELECTION DATE Month Day Year 11 / 05 / 2024	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
13 OFFICE SOUGHT (if known)	OFFICE HELD (if any) City Council District 3	City Council At Large	
14 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.		
<input type="checkbox"/> Additional Pages <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

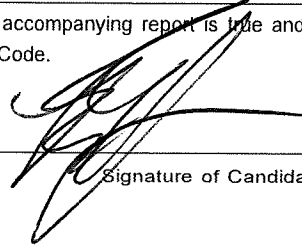
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

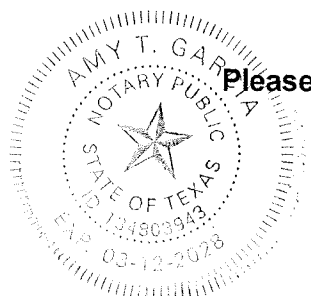
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 36,986.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 30,692.89
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 25,836.45
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 36,332.32

18 SIGNATURE 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.



Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Roland Barrera this the 7th day of October, 2024, to certify which, witness my hand and seal of office.
Amy T Garcia Printed name of officer administering oath
Amy T Garcia Title of officer administering oath
Notary

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.
 My address is _____, _____, _____, _____, _____.
 (street) (city) (state) (zip code) (country)
 Executed in _____ County, State of _____, on the _____ day of _____, 20____.
 (month) (year)

 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 36,986.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 36,332.32
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 30,692.89
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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:
2 FILER NAME Rolando G Barrera (Itemized)		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)
	6 Contributor address; City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
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.

Contributions

DATE	CONTRIBUTOR	ADDRESS	AMOUNT	TYPE
7/3/2024	Nicholas Gignac		\$ 500.00	Check
7/17/2024	Jeremy Baugh		\$ 1,000.00	PayPal
7/17/2024	Paul Fritsch		\$ 250.00	PayPal
7/21/2024	Christian Penueta		\$ 400.00	PayPal
7/22/2024	Derwood Anderson		\$ 500.00	PayPal
7/23/2024	Chase Carlisle		\$ 1,000.00	PayPal
7/25/2024	Mark LaRue		\$ 100.00	PayPal
7/26/2024	Jesus Jimenez		\$ 250.00	PayPal
7/30/2024	Charles Webb Jr.		\$ 500.00	Check
7/31/2024	Gignac & Associates, LLP		\$ 1,000.00	Check
8/2/2024	Lilia & Edwin Arandela		\$ 200.00	Check
8/5/2024	Laura Estrada		\$ 100.00	PayPal
8/7/2024	Bonilla Investments		\$ 1,000.00	Check
8/9/2024	Raul Ortiz		\$ 1,500.00	Check
8/9/2024	Azali Homes LLC		\$ 1,000.00	Check
8/17/2024	Ricardo & Carmen Sanchez		\$ 50.00	Check
8/21/2024	Chad Skrobarczyk		\$ 500.00	Check
8/21/2024	Elvin O'Bryan		\$ 500.00	Check
8/21/2024	Mike Lippincott		\$ 1,000.00	Check
8/21/2024	Jason Skrobarczyk		\$ 500.00	Check
8/21/2024	Michael Skrobarczyk		\$ 500.00	Check
8/21/2024	Philip Skrobarczyk		\$ 2,500.00	Check
8/21/2024	Ty Gentry		\$ 500.00	Check
8/21/2024	Armstrong Operating Company LLC		\$ 500.00	Check
8/21/2024	Walter Martinez		\$ 200.00	Check
8/22/2024	Raymond Lucas		\$ 1,000.00	Check
8/23/2024	Linebarger, Goggan, Blair & Sampson		\$ 1,000.00	Check
8/27/2024	Jim Barnette		\$ 2,000.00	Check
8/28/2024	Armando Chapa		\$ 200.00	Check
9/5/2024	Matthew Yankee		\$ 500.00	PayPal
9/5/2024	Valero Political Action Committee		\$ 1,000.00	Check
9/20/2024	Anthony LaMantia		\$ 750.00	Check
9/20/2024	Dugan Eye Institute		\$ 500.00	Check
9/18/2024	Civil & Environmental Consultants PAC		\$ 500.00	Check
9/25/2024	Kyle Edward Hooper		\$ 150.00	Check
9/25/2024	Ali Rajabi		\$ 500.00	PayPal
9/25/2024	Ernest R Garza		\$ 300.00	Check
9/27/2024	Rodolfo C Barrera		\$ 500.00	Check
9/30/2024	Laura Cagle-Hinojosa		\$ 100.00	PayPal
10/1/2024	Philip Ramirez		\$ 2,000.00	PayPal
10/1/2024	Jennifer Pleasants		\$ 500.00	PayPal
10/1/2024	Paul Fritsch		\$ 250.00	Check
10/1/2024	Kenneth, Kimberly Griffin		\$ 100.00	Check
10/1/2024	Lonnie, Jordan Schwirtlich		\$ 200.00	Check
10/1/2024	Federico Garza		\$ 500.00	Check
10/1/2024	David Brooks		\$ 500.00	Check
10/1/2024	Valls Consulting Group		\$ 500.00	Check
10/1/2024	DGS General Construction Group, LLC		\$ 1,000.00	Check
9/30/2024	Gignac & Associates, LLP		\$ 1,000.00	Check
9/10/2024	KochPAC - KOCH INC		\$ 1,000.00	Check
10/1/2024	CC Filepro, LTD		\$ 250.00	Check
10/1/2024	K & M Premier Real Estate		\$ 500.00	Check
10/1/2024	Alex Harris		\$ 100.00	Check
10/1/2024	Iconic Sign Group LLC Operating Account		\$ 500.00	Check
10/2/2024	Robert Parker		\$ 36.00	Check
	Total		\$ 33,986.00	

Date	Description	Extended Description	Amount
10/3/2024	Cynthia Hernandez	Phone Banking	\$ (960.00)
10/1/2024	PADRE ISLAND BUSINESS ASSOCIATION	ADS	\$ (130.00)
10/1/2024	CAMPAIGN SERVICES, LLC	Phone Banking	\$ (2,356.00)
9/30/2024	THRESHOLD GROUP, INC	DIGITAL ADS	\$ (3,000.00)
9/27/2024	KIKOS MEXICAN FOOD	Food for Phone Bank	\$ (73.94)
9/26/2024	Cynthia Hernandez	Phone Banking	\$ (900.00)
9/20/2024	Wingstop	Food for Phone Bank	\$ (42.75)
9/19/2024	Cynthia Hernandez	Phone Banking	\$ (840.00)
9/14/2024	Whataburger	Food for Phone Bank	\$ (39.90)
9/12/2024	Cynthia Hernandez	Phone Banking	\$ (960.00)
9/11/2024	Island Moon	ADS	\$ (75.00)
9/6/2024	Velma Avalos	Phone Banking	\$ (60.00)
9/5/2024	Cynthia Hernandez	Phone Banking	\$ (675.00)
9/4/2024	Blue Victory Communications	DIGITAL ADS	\$ (1,082.50)
9/4/2024	CAMPAIGN SERVICES, LLC	Phone Banking	\$ (1,820.00)
9/3/2024	Third Coast Strategies	Political Consulting	\$ (2,040.00)
9/2/2024	Noemi Rodriguez	Sign Crew	\$ (725.00)
8/30/2024	Cynthia Hernandez	Phone Banking	\$ (120.00)
8/30/2024	THRESHOLD GROUP, INC	DIGITAL ADS	\$ (3,000.00)
8/29/2024	Larissa Sendejo	Phone Banking	\$ (120.00)
8/29/2024	Noemi Rodriguez	Sign Crew	\$ (200.00)
8/19/2024	Commercial Screen Printing	T-shirts	\$ (296.61)
8/13/2024	Worley Printing	Push Cards	\$ (3,098.12)
8/11/2024	Noemi Rodriguez	Sign Crew	\$ (500.00)
8/3/2024	Office Depot	Office Supplies	\$ (40.03)
8/2/2024	CAMPAIGN SERVICES, LLC	Phone Banking	\$ (1,930.00)
8/1/2024	Third Coast Strategies	Political Consulting	\$ (2,000.00)
7/23/2024	Blue Victory Communications	Website Development	\$ (1,000.00)
7/19/2024	Third Coast Strategies	Political Consulting	\$ (1,800.00)
7/3/2024	Third Coast Strategies	Political Consulting	\$ (575.00)
	Paypal Fees		\$ (233.04)
		Total	\$ (30,692.89)

LOANS

SCHEDULE E

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 E:
2 FILER NAME Rolando G. Barrera		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Roland Barrera	9 Loan Amount (\$) \$36,332.32
6 Is lender a financial Institution? Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	8 Lender address; City; State; Zip Code 84 Lake Shore Drive, Corpus Christi, TX 78413	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see Instruction guide for additional reporting 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	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 Rolando G. Barrera	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name Itemized	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 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
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living 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
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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